

ALL SAINTS NURSERY SCHOOL
3205 27 Street, Vernon, B.C. V1T 4W8 (250) 503-0787

REGISTRATION FORM

PRE-SCHOOL USE ONLY:

- **1st year Enrollment date:** _____ **End Date:** _____ **Class** _____
Registration fee: Cash: _____ **Cheque:** _____
 - **2nd year Enrollment date:** _____ **End Date:** _____ **Class** _____
Registration fee: Cash: _____ **Cheque:** _____
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PERSONAL INFORMATION

Child's Name: _____ Home phone: _____
Address: _____ Cell Phone: _____
Cell Phone: _____
Mailing address: _____
Email: _____
Gender: M F Date of Birth _____ Child's first language _____

FAMILY INFORMATION

Parent (Guardian) Name(s): 1) _____ 2) _____
1) Place of Work: _____ Work Ph: _____ Local _____
2) Place of Work: _____ Work Ph: _____ Local _____
Siblings: _____ Age: _____
_____ Age: _____
_____ Age: _____
Is there a custodial or restraining order in effect: Yes: _____ No: _____
Child lives with: Both Parents: ___ Mother: ___ Father: ___ If other, name: _____

ADDITIONAL CONTACTS

Emergency Contact: (someone other than yourself if you cannot be reached):

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

Person(s) authorized to pick up child:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Parent Signature: _____

Is there anyone NOT permitted access to your child?

1. _____ 2. _____

Parent Signature: _____

MEDICAL INFORMATION

Family Physician: _____ Phone Number: _____

B.C .Care Card Personal Health Number: _____

Does your child have any health problems or concerns such as:

Allergies: _____ If so, describe: _____

Vision: _____ If so, describe: _____

Hearing: _____ If so, describe: _____

Speech: _____ If so, describe: _____

Other: _____ If so, describe: _____

Has your child had any serious illnesses, injuries or operations that we should be aware of?

Is your child on any medication? _____ If yes, describe: _____

Will medication need to be administered at Preschool for any reason: Yes ____ No ____

(If yes, please fill out a medical record form.)

HELPFUL INFORMATION

Friend(s) who will be attending the same class: _____

Favorite Food: _____ Food Dislike: _____

Favorite Toy: _____ Favorite Friend: _____

Favorite Activity: _____ Any Fears: _____

Has your child had previous experience away from home? _____

If yes, describe: _____

How did you hear about us? (Friend, newspaper, poster, other)

CONSENTS

Please read carefully and sign each of the following: If you feel you cannot sign, please bring this to our attention.

Consent for Emergency Care and Transportation

I authorize the teachers to contact a physician or ambulance (at my expense) in case of accident, or extreme illness when parent / guardian cannot be immediately contacted.

Signature: _____ Date: _____

Consent for off-site Activities

I give my permission for my child to accompany the Preschool on supervised walks and field trips. It is understood that these excursions will be supervised and that parents / guardians will receive prior notification of such activities.

Signature: _____ Date: _____

Consent to Photograph

I give my permission for my child's photograph to be used in the news/social media and/or website for public information and publicity for the preschool.

Signature: _____ Date: _____

AGREEMENTS AND AWARENESS

Immunization Refusal: If your child has not been immunized please sign this statement.

My child has not been immunized; therefore, I understand that if an outbreak occurs my child may not be able to attend class during this time.

Signature: _____ Date: _____

WITHDRAWAL AGREEMENT

I agree to one month's notice, or fees in lieu will be given in case of withdrawal.

Signature: _____ Date: _____

FIELD TRIP EMERGENCY CARD

Child's Name: _____ Birthdate: _____
month/day/year

Gender: M F

Hair Colour _____ Eye Colour _____ Weight _____

Height _____ Body Markings _____

Parent's Names: 1) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Dr.'s Name: _____ Phone: _____

BC Care Card # _____

Emergency Contacts: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Cell Phone: _____

Health concerns, allergies or conditions: _____

I authorize the teachers to contact a physician or ambulance (at my expense) in case of accident or extreme illness when parent/guardian cannot be immediately contacted.

Signature: _____

From time to time, we may require the assistance of parent. Please indicate the areas in which you would be willing to help.

Name: _____

Phone: _____

___ Class Phoning Representative

___ Scholastic Book Club Coordinator

___ I am interested in a position on the All Saints Nursery School Board of Directors
(meets approximately 5 times per year)

IMMUNIZATION RECORD

You may fill out this page OR photocopy your current immunization record

Basic Schedule and Record of Immunization

Please fill out appropriate dates

2 Months of Age - 1st set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus influenza type b (Hib), Hepatitis B _____
- Pneumococcal Conjugate _____
- Meningococcal C Conjugate _____
- Rotavirus _____

4 Months of Age - 2nd set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus influenza type b (Hib), Hepatitis B _____
- Pneumococcal Conjugate _____
- Rotavirus _____

6 Months of Age - 3rd set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus influenza type b (Hib), Hepatitis B _____

Influenza (flu) vaccine is recommend for children
6-23 months of age as early as October each fall. Date (y/m/d)

- Influenza (flu) - Dose 1 _____
- Influenza (flu) - Dose 2 _____

On 1st Birthday (or shoot after) - 4th set of immunizations

- MMR (Measles, Mumps, Rubella) _____
- Pneumococcal Conjugate _____
- Meningococcal C Conjugate _____
- Varicella (Chickenpox) _____

18 Months of Age - 5th set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus influenza type b (Hib) _____

4-6 years of age - 6th set of immunizations Date (y/m/d)

- Diphtheria, Pertussis, Tetanus, Polio _____
- Varicella (Chickenpox) _____
- MMR (Measles, Mumps, Rubella) _____