



Bethel Preschool

5547 Trail Ave, Box 534, Sechelt BC V0N 3A0

604.885.7671

REGISTRATION FORM

*Information provided to Bethel Preschool will be kept in a confidential manner. Please see our Parent Handbook for situations wherein our staff would be legally obliged to release information to the appropriate authorities. (Information which is denoted with an *, would be helpful for our staff to have, but is optional)*

Name of Child: _____ Gender: _____
Surname Given Name Middle Name M F

*Name child responds to: _____

Date of Birth: ____/____/____ Child's Starting Date: ____/____/____
Year Month Date Year Month Date

(preschool staff will fill in later) Date Child stops Attending ____/____/____
Year Month Date

Address: _____ Postal Code: _____

Home Phone: _____

Parent(s)/Guardian(s)

Name: _____ Home Phone: _____ Cell #: _____

Work Place: _____ Phone: _____ Days/Hours of work: _____

Name: _____ Home Phone: _____ Cell #: _____

Work Place: _____ Phone: _____ Days/Hours of work: _____

*If parents/guardians are working please give the name and phone# of the childcare provider, if applicable

Name: _____ Phone: _____

*Person(s) with whom child lives (adults and children - include children's ages): _____

*Child's First Language: _____ Second Language: _____

*Pets (include pets' names): _____

*Has child previously attended daycare/preschool? No _____ Yes _____ If yes, where? _____

Person(s) authorized to pick up child and/or be contacted in case of emergency:

Name	Home phone	Work phone	Relationship to child

(Include Parents/Guardians, and one contact who lives Off-the-Sunshine-Coast)

Important: If somebody other than those listed above, will be picking up your child, the preschool must be advised in writing by the parent/guardian. Preschool staff cannot release a child to a parent or other authorized person, if they appear to be incapable of providing safe care.

List any Person who is not permitted access to your child: _____

Health Information

Preschool staff will attach a photo of your child here to be used to identify him/her in case of an emergency. If you can supply a recent picture, we will use it. Otherwise we will take a picture as soon as possible.

Family Doctor: _____ Phone: _____
Other health professionals involved with your child:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Personal Health Number (Care Card): _____

If appropriate, comment on the following health issues

Special Medications: _____ Vision or Hearing: _____ Allergies: _____
Speech or Language: _____ Special Diet: _____ Other: _____

IMMUNIZATION RECORD

Please attach a photocopy of your child's Immunization record or obtain a copy from the Health Unit; or complete an Immunization History Form (please ask teachers for this form).

*Please give further information which will help the teacher become acquainted with your child more quickly.

MEDICAL CONSENT FORM

It is the policy of Bethel Preschool to notify a parent/guardian when a child is ill or needs medical attention. In case of accident or illness, when I cannot be immediately reached, I give my consent for the preschool staff to call a physician or ambulance and for my child to receive medical treatment. (Ambulance cost to be paid by parents)

Parent or Guardian

As part of our program, we may spontaneously go on walks in the neighbourhood. Information about our location and route will be left on the door of the preschool. Please fill in the consent form.

CONSENT FORM

I give my consent for _____ to go to on walks in the neighbourhood with the preschool, with the understanding that I will not hold the staff responsible for injury or accident so long as reasonable care is taken to ensure the safety of my child.

Parent or Guardian

PLEASE FILL OUT IF YOU ARE USING CHILD CARE SUBSIDY

I, _____ have enrolled my child, _____, in Bethel Preschool using the government Child Care Subsidy. I will pay any difference between the Child Care Subsidy and the fee charged by the Preschool.

Date

Parent or Guardian