



PROGRAM

START DATE _____ (TUITION IS PAYABLE IN ADVANCE BY THE FIRST OF EACH MONTH)

PROGRAM (please check) – Monthly Fees

These fees include a reduction of approximately 20% resulting from our participation in the BC Government Child Care Fee Reduction Initiative

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|--|--|--|
| <input type="checkbox"/> 2 DAYS, 4 HOURS PER DAY (\$190) | <input type="checkbox"/> 2 DAYS, 5 HOURS PER DAY (\$231) | <input type="checkbox"/> 3 DAYS, 4 HOURS PER DAY (\$250) |
| <input type="checkbox"/> 3 DAYS, 5 HOURS PER DAY (\$302) | <input type="checkbox"/> 4 DAYS, 4 HOURS PER DAY (\$334) | <input type="checkbox"/> 4 DAYS, 5 HOURS PER DAY (\$375) |
| <input type="checkbox"/> 5 DAYS, 4 HOURS PER DAY (\$369) | <input type="checkbox"/> 5 DAYS, 5 HOURS PER DAY (\$462) | |

IF YOU ARE OPTING FOR 4 DAYS PER WEEK OR LESS, PLEASE CIRCLE WHICH DAYS YOU PREFER: MON TUE WED THU FRI

FIRST NAME:	LAST NAME:	ALSO KNOWN AS:
ADDRESS:		
DATE OF BIRTH: <u>MM/DD/YYYY</u>	GENDER:	1st LANGUAGE:
		2nd LANGUAGE:
Does Your Child Have Special Needs?		

PARENT OR GUARDIAN INFORMATION

Name:	NAME:
Relationship to Child:	Relationship to Child:
ADDRESS (If different):	Address (If different):
Primary Phone:	Primary Phone:
Employer: Phone:	Employer: Phone:
Email:	Email:
Facebook Profile:	Facebook Profile:

EMERGENCY HEALTH INFORMATION

RE CARD (MSP) NUMBER:
FAMILY DOCTOR: PHONE:
LIST ALL ALLERGIES AND/OR OTHER MEDICAL CONDITIONS.
IS YOUR CHILD IMMUNIZED? YES No

Child's Information

Please inform us of any special information that will assist the teachers in making a smooth transition for your child into our classroom:

PERSON(S) AUTHORIZED TO PICK UP CHILD AND EMERGENCY CONTACTS

PLEASE PROVIDE ADDITIONAL PARENTS/GUARDIANS THAN PREVIOUSLY LISTED.

Enrolled children will not be released to anyone other than those persons indicated below. I agree that the individuals listed below (*please provide two names*) may be contacted in case of emergency and are authorized to pick up my child from preschool in my absence. **These individuals do not reside at the same address.** They may also be contacted in the event we are unable to contact a parent/guardian if immediate help is needed.

NAME:	RELATIONSHIP:	PHONE:
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ADDRESS:

NAME:	RELATIONSHIP:	PHONE:
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ADDRESS:

If there is a Custody Agreement, please give details and attach a copy:

Emergency Consent

Should the staff at Chipmunk Achievers be unable to contact a parent/guardian or emergency contact if my child requires immediate medical attention, I give my permission for my child to be taken to the nearest emergency centre by ambulance and I give my consent for my child to receive medical treatment (with the understanding that the staff will continue to make every effort to contact a parent/guardian or emergency contact).

DATE

SIGNATURE OF PARENT/GUARDIAN

OTHER INFORMATION

Has your child previously attended Preschool or Daycare: Yes No If yes, where?

Names and ages of your child's siblings (as applicable):

Church Affiliation (as applicable):

RELEASE OF INFORMATION PERMISSION

In accordance with the Freedom of Information and Protection of Privacy Act, Chipmunk Achievers requires consent to use personal information for the purposes unrelated to the educational program.

1. There are occasions when we would like to contact person(s) to consult them directly about school issues or meetings, or to plan school-related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to staff members responsible for organizing these activities.
 - Yes I give consent for the release of my home address and phone number for purposes consistent with the above
 - No I do not permit the release of my home address and phone number for purposes consistent with the above

2. It is a tradition of Chipmunk Achievers to allow staff and other parents to photograph individual students and groups of students to commemorate events and to promote various educational and social events related to the program. In addition to these, the teachers may take pictures of preschool events to be used for the enjoyment of all or for teaching purposes and publication to our Private Facebook Messenger Page.
 - Yes I give consent for the publication of my child's photograph and comment for display within the building and classroom
 - No I do not give consent for the publication of my child's photograph and comment for display within the building and classroom

 - Yes, I give consent for the posting of my child's photograph and comment on our **Private** Facebook Messenger Group (ONLY PRESCHOOL PARENTS HAVE ACCESS TO THIS)
 - No, I do not give consent for the posting of my child's photograph and comment on our Private Facebook Messenger Group

PARENT/GUARDIAN SIGNATURE

DATE

PAYMENT OPTIONS

Please choose one of the following payment options:

- Credit Card** via Tithe.ly (a secure payment platform)
- Post-dated Cheques – provide 10 cheques dated for the 1st of each month, payable to NWLB
- E-Transfer- send funds each month to email: treasurer@NWLB.ca
- Cash (Payable before each month with first two months upfront)
- Pre-Authorized Debit** via Plooto

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