|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROGRAM** | | | | | | | | | |
| Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Tuition is Payable in Advance by the First of Each Month) | | | | | | | | | |
| **Program (please check) – Monthly Fees**  ☐ 2 Days, 4 Hours Per Day ($200) ☐ 2 Days, 5 Hours Per Day ($240) ☐ 3 Days, 4 Hours Per Day ($275)  ☐ 3 Days, 5 Hours Per Day ($325) ☐ 4 Days, 4 Hours Per Day ($375) ☐ 4 Days, 5 Hours Per Day ($400)  ☐ 5 Days, 4 Hours Per Day ($425) ☐ 5 Days, 5 Hours Per Day ($525)  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: | | 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): | | | |
| HOME PHONE: | CELL PHONE: | | | | | HOME PHONE: | | | CELL PHONE: |
| EMPLOYER: | | | | | | EMPLOYER: | | | |
| WORK PHONE: | | | | | | WORK PHONE: | | | |
| EMAIL: | | | | | | EMAIL: | | | |
| **EMERGENCY HEALTH INFORMATION** | | | | | | | | | |
| CARE CARD (MSP) NUMBER: | | | | | | | | | |
| FAMILY DOCTOR: | | | | PHONE: | | | | | |
| LIST ALL ALLERGIES AND/OR OTHER MEDICAL CONDITIONS. | | | | | | | | | |
| IS YOUR CHILD IMMUNIZED? YES No | | | | | | | | | |
| ***OFFICE USE ONLY*** | | | | | | | | | |
| *Date Received*  Registration Fee $50 ☐ cash ☐ cheque | | | | | | | | | |
| **Tuition PAYMENT OPTIONS**  **post-dated Cheques**: ☐ complete ☐ incomplete **PAD:** ☐ Form Received Date Sent to Bookkeeper \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

Information for

child’s name

**THESE PEOPLE NEED TO BE SOMEONE OTHER THAN PARENTS. THEY CANNOT RESIDE AT THE SAME ADDRESS AS PARENTS OR EACH OTHER**

|  |  |  |  |
| --- | --- | --- | --- |
| Enrolled children will not be released to anyone other than those persons indicated below or on the daily sign-in sheet. 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. | | | |
| **PERSON(S) AUTHORIZED TO PICK UP CHILD AND EMERGENCY CONTACTS** | | | |
| NAME: | RELATIONSHIP: | | PHONE: |
| ADDRESS: | | | |
| NAME: | RELATIONSHIP: | | PHONE: |
| 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): | | | |
|  | | | |
| I would be interested in having a teacher come to my house for a visit with myself and my child prior to the commencement of classes: | | ☐ Yes ☐ No | |
| Church Affiliation (as applicable): | | | |
| I would be interested in receiving information via email or phone about other Children’s Programs offered by Northwest Langley Baptist Church. | | Summer Musical Theatre Camps Pro-D Day Camps  awana Sunday School No Thank you | |

Information for

child’s name

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| **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 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   1. 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 Page and Public Website. Please note that children’s name will not be printed on our website.   ☐ 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 publication of my child’s photograph and comment on our **Private** Facebook page (ONLY PRESCHOOL PARENTS HAVE ACCESS TO THIS.  ☐ No, I do not give consent for the publication of my child’s photograph and comment on our Private Facebook page  ☐ Yes, I give consent for the publication of my child’s photograph on our webpage (Names are not used)  ☐ No, I do not give consent for the publication of my child’s photograph on our webpage    Parent/Guardian Signature Date |
| **PAYMENT OPTIONS** |
| Please choose one of the following payment options:  ☐ Pre-Authorized Debit (funds will be automatically withdrawn from your bank account on or around the first of the month (PAD form available on the website under Registration)  ☐ Post-dated Cheques – provide 10 cheques dated for the 1st of each month to the office, payable to NWLB  ☐ Cash  **TUITION IS PAYABLE IN ADVANCE BY THE FIRST OF EACH MONTH** |