



# RAISING STARS PRESCHOOL



TOMORROW'S STARS ARE HERE TODAY

raisingstarspreschool@gmail.com

## REGISTRATION FORM

NON-REFUNDABLE REGISTRATION FEE OF \$80

• 1st year Enrolment Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Full-day or Part Day \_\_\_\_\_ Age: \_\_\_\_\_  
Preferred Class \_\_\_\_\_ Registration fee: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ E-transfer: \_\_\_\_\_

• 2nd year Enrolment Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Full-day or Part Day \_\_\_\_\_ Age: \_\_\_\_\_  
Preferred Class \_\_\_\_\_ Registration fee: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ E-transfer: \_\_\_\_\_

• 3rd year Enrolment Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Full-day or Part Day \_\_\_\_\_ Age: \_\_\_\_\_  
Preferred Class \_\_\_\_\_ Registration fee: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ E-transfer: \_\_\_\_\_

*\*\*Preferred classes, Little Stars, Shining Stars, or Super Stars. If room permits your child will be placed in your preferred class, otherwise, they will be placed by spaces, friends, and by where they fit best. Ages may not always be the deciding factor.\*\**

### Days of Enrollment

Please Circle which days you wish your, child, to attend Raising Stars Preschool, there is a minimum of 2 days of attendance to reduce stress on the child.

M T W Th F

### PERSONAL INFORMATION

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone 1: \_\_\_\_\_ Alt. Phone 2: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: (Please circle) M F O Childs Pronouns: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's first language \_\_\_\_\_ Other languages: \_\_\_\_\_

### FAMILY INFORMATION

Parent (Guardian) Name(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

1) Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

2) Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Is there a custodial or restraining order in effect: Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\*If yes please include photo copy of order for confidential records\**

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 that should **NOT** have access to your child?

1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

B.C . Personal Health Number (PHN): \_\_\_\_\_

Is there anything we should know about your child?

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 Raising Stars Preschool for any reason: Yes \_\_\_\_ No \_\_\_\_

*(If yes, please ask us for a medical record form.)*

**ADDITIONAL INFORMATION**

Friend(s) who will be/are also attending Raising Stars Preschool: \_\_\_\_\_

Favourite Food: \_\_\_\_\_ Food Dislike: \_\_\_\_\_

Favourite Toy: \_\_\_\_\_ Favourite Friend: \_\_\_\_\_

Favourite Activity: \_\_\_\_\_ Any Fears: \_\_\_\_\_

Has your child had previous experience away from home? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

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

**AGREEMENTS AND AWARENESS**

**MY CHILD IS NOT IMMUNIZED**

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 will **NOT** be able to attend Raising Stars Preschool during this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MY CHILD IS IMMUNIZED**

If your child is fully immunized in accordance with the BC immunization plan for children, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MY CHILD IS IMMUNIZED AGAINST COVID-19:**

If you have chosen to have your child immunized with the pediatric COVID-19 vaccination, please sign below; knowing if your child is protected against COVID helps us make decisions if there were to be a COVID outbreak at the facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WITHDRAWAL AGREEMENT**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSIONS:**

Please read carefully and sign each of the following: If you feel you cannot sign, please bring this to our attention. If your child can not be in pictures, we will cover their face in all pictures and posts.

**Permission for Emergency Care and Transportation**

I authorize the teachers of Raising Stars Preschool to contact emergency services and/or an ambulance (at my expense) in case of an accident, or extreme illness when the parent/guardian cannot be immediately contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permissions for Outtings/field trips**

I give my permission for my child to accompany Raising Stars Preschool teachers on supervised walks and field trips. It is understood that these outings will be supervised. These trips include walks, park visits, bus trips, and field trips to community facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Public Photo Posting**

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 Raising Stars Preschool. Including Facebook posts on the preschool's Facebook page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Classdojo Posting Permission**

I give my permission for my child's photograph to be used in Raising Stars schoolwide Classdojo posts, as well as in group posts on Classdojo. I understand that my child's picture may show up on other families' Classdojo accounts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Birthday Celebration Permission**

I give my permission for my child to have their birthday celebrated at Raising Stars Preschool. *If you do not want your child's birthday celebrated for any reason (such as religion) please write below in the blank "No Birthday Celebrations."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RAISING STARS PRESCHOOL FIELD TRIP EMERGENCY CARD

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: M F O Childs Pronouns: \_\_\_\_\_

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 Contact: \_\_\_\_\_ 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 an accident or extreme illness when parent/guardian cannot be immediately contacted.

Signature: \_\_\_\_\_