**MUIR LAKE PLAYSCHOOL REGISTRATION FORM**

**\*\*\*\*A non-refundable $50 deposit is required when submitting Registration Form\*\*\*\***

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| **How did you hear about us?** |

Web Family/Friend Facebook Community Event/Ad Previous Attendee

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| **Class Preference (Please select your first and second choice).** |

Tues/Thurs AM 3 year olds (9 - 11:00) \_\_\_\_\_\_ Tues/Thurs PM 4 year olds (11:30 - 2:30) \_\_\_\_\_\_\_

Wed/Fri AM 4 year olds (9 - 12:00) \_\_\_\_\_\_\_ Wed/Fri PM 3 & 4 year olds (12:30 - 2:30) \_\_\_\_\_\_\_

(This class will only run if all other classes fill up)

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| **Child Information** |

Full Given Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Parent or Guardian Information** |

Full Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Emergency Contact Information (Not parent listed above)** |

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Authorized Persons for Pickup of Child (Other than parent or guardian)** |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Medical Information** |

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your child immunized? Yes No

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| **STATEMENT OF CONSENT** |

I, the undersigned, agree with and agree to the following for my child:

1. Any emergency procedures described under the emergency policies, as outlined below.

2. That my child can participate in any playschool activity within the playschool, and the grounds surrounding the playschool.

3. The child management policy, as outlined below.

4. My child’s name and photographs may be used for display purposes in the playschool, advertising purposes (photos only), and for the year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(SIGNITURE HERE)**

**MINOR EMERGENCY (NON LIFE-THREATING) POLICY (E.G. cuts, bruises, nose bleeds etc.)**

The teacher deals with minor emergencies, while the assistant teacher maintains class activity. The teacher will inform parents at the end of class via an incident report that must be signed by both parties.

**MAJOR EMERGENCY POLICY (E.G. Head injuries, broken bones, major bleeding, etc.)**

The teacher will handle the injured child; parent helper will call 911.

The assistant teacher then contacts parents of the injured child, or their designated emergency contact if necessary.

If necessary, the assistant teacher obtains additional help from Muir Lake School. The secretaries have first aid.

NOTE: For emergencies where stitches may be required, but an ambulance call seems excessive, adults may transport a child who is not their own by private passenger vehicle. This can only occur if two adults accompany the child, and only if one adult has valid First Aid Certification and a cell phone with them; this is a Provincial Licensing condition and requirement.

**CHILD MANAGEMENT POLICY**

Where a child’s behavior needs correction, our procedure is as follows:

• A discussion takes place with the child.

• Child may be removed from situation; a follow-up conversation takes place with the child before he or she is permitted to rejoin the group/activity.

• Where the problem involves another child, apologies need to be made, and choices are given before rejoining the class.

• If the problem involves a toy or piece of equipment, distraction to another activity, or removal of the toy may be helpful.

• Parent intervention is welcomed following this procedure.

Out of respect for the children in our program, we will not inflict any form of physical punishment, verbal or physical degradation, or emotional deprivation. We will not deny or threaten to deny any basic necessities. We will not use any form of physical restraint, confinement, or isolation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Muir Lake Playschool Executive Only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPOSITS:**

Reg. Fee Date paid: \_\_\_\_\_\_\_\_\_\_ Amount\_$ 50.00\_ Method of Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Fee Date paid: \_\_\_\_\_\_\_\_\_\_ Amount\_$ 300.00\_ Cheque date and # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENTS:**

Full Tuition Fee Date paid: \_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_ Method of Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Installment 1 Date paid: \_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_ Cheque date and # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Installment 2 Date paid: \_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_ Cheque date and # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Installments Date paid: \_\_\_\_\_\_\_\_\_\_\_Amount $ \_\_\_\_\_\_\_ Cheque date and # \_\_\_\_\_\_\_\_\_\_\_\_