

<b>Registration Information</b>			
Child First Name:			
Child Last Name:			
Start Date:			
If Child is transferring from another program(s). Please list programs transferring from:			
<b>Program (select all that apply):</b>	<b>Facility</b>	<b>Hours</b>	<b>Fees</b>
<input type="checkbox"/> Child Care Centre Full Day	Downtown Centre	7:30 – 5:30	\$685
<input type="checkbox"/> Learning Centre AM 4 day	College Heights Centre	8:40 - 11:10	\$215
<input type="checkbox"/> Learning Centre PM 4 days	College Heights Centre	12:10 - 2:40	\$215
<input type="checkbox"/> Learning Centre AM 5 days	College Heights Centre	8:40 – 11:10	\$265
<input type="checkbox"/> Learning Centre PM 5 days	College Heights Centre	12:10 – 2:40	\$265
<input type="checkbox"/> Learning Centre - Full Day	College Heights Centre	8:40 – 2:40	\$525
<input type="checkbox"/> Out of School Care PM	Downtown Centre	3:10 – 5:30 2:00 – 5:30 on Wed	\$275
<input type="checkbox"/> Out of School Care PM (Pro-D included)	Downtown Centre Pro-D Days	3:10 – 5:30 2:00 – 5:30 on Wed 7:30 – 5:30	\$300
<input type="checkbox"/> Out of School Care DROP-IN	Downtown Centre Pro-D Days	3:10 – 5:30 2:00 – 5:30 on Wed 7:30 – 5:30	\$17.50/day \$37.50/day
<input type="checkbox"/> Other:			
<input type="checkbox"/> Registration Fee	All		\$25
<input type="checkbox"/> Enhancement Fee (All Programs)	All (payable Sept 1 <sup>st</sup> of each year or the first month of attendance if starting after Sept 1 <sup>st</sup> )		\$20
<input type="checkbox"/> Payment returned Fee	All (NSF, declined, etc.)		\$20

<b>Affordable Child Care Benefit (ACCB) Information</b>	
Applied for Benefit	Anticipated Benefit \$
Anticipated Benefit Start Date:	
<input type="checkbox"/> If part of your child care fee is paid by the Affordable Child Care Benefit (ACCB), you are responsible to apply for and keep current your ACCB and understand that you are responsible for the full child care fee if you fail to renew your ACCB or your ACCB has been cancelled.	
<b>Payment Information</b>	
<input type="checkbox"/> I am the sole parent responsible for the payments and am 100% responsible for the fees.	
<input type="checkbox"/> I am jointly responsible for the payments with _____ whose contact information is attached.	
<input type="checkbox"/> I am responsible for _____% of the fees. _____ is responsible for _____% whose contact information is attached.	

### Bussing

There is bussing available for Out of School Care. For pick and drop off locations and fees please contact the Bussing Association at [raylenea@shaw.ca](mailto:raylenea@shaw.ca).

### Pick Up Policy

Late pick-ups will be charged a five dollars (\$5.00) fee per 10 minute period (or part thereof) after registered pick-up time.

### Absences

Irrespective of the reason for a child's absence (illness, injury, holidays etc.), full fees are required to hold the child's place.

### Withdrawal

We require one month's notice of withdrawal. Failure to do so by the 1<sup>st</sup> of the month will result in the parent/guardian being charged full fees for the following month. No partial refunds will be issued. The registration fee is non-refundable. Fees must be paid up to and including the month of withdrawal.

- I have read and understood the policies, procedures, and fees outlined in the Parent Handbook and Registration forms.
- I have filled out a payment plan form (pre-authorized debit or credit card form)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

<b>Child Information</b>			
First Name		Hair Colour	
Last Name		Eye Colour	
Gender		Birth Date	
Siblings (Names / Ages)			
Has the child previously attended a group daycare or preschool (Y/N)			
Describe the child's experience in previous preschool/daycares. What positive and negative experiences did the child have?			
Child's strong likes and dislikes			
Is the child allowed to go on fieldtrips by car? (Y/N)			
Note: It is the parent's responsibility to provide the appropriate car seat or booster seat. If a seat is not provided, the child will not be permitted to participate on the fieldtrip.			
<b>Parent/Guardian Information (attach additional sheet if necessary)</b>			
First Name		Primary Contact (Y/N)	
Last Name		Relationship	
Home Phone #		Work Phone #	
Cell Phone #		Pager #	
Email 1:		Email 2:	
Address		City	
Province		Postal Code	
Employer		Job Title	
<b>Parent/Guardian Information (attach additional sheet if necessary)</b>			
First Name		Primary Contact (Y/N)	
Last Name		Relationship	
Home Phone #		Work Phone #	
Cell Phone #		Pager #	
Email 1:		Email 2:	
Address		City	
Province		Postal Code	
Employer		Job Title	

<b>Health and Medical Information</b>			
Child First Name		Child Last Name	
Care Card #			
Dr. Name		Dentist Name	
Dr. Phone Number		Dentist Phone Number	
Date of Last Tetanus Shot		Vaccination Record Attached	
Allergies & Procedures			
Medical Conditions & Medications			
Additional Needs or Supports (List any resources required to support child in attending)			

It is our policy to notify parents when a child is ill or in need of medical attention. Occasionally, we are unable to contact parents and we need to get immediate help for the child. Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility). If an ambulance is not available, a caregiver/staff member will transport the child.

I have completed the above form and understand that it is my responsibility to communicate any changes to the staff. I hereby give permission to the caregiver/staff of the Prince George Montessori Education Society to make necessary transportation arrangements for my child who has become ill or injured.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

### Volunteer Section

I would like to volunteer in the following capacity:

### Photo Release

PGMES Publications

- I grant permission for my child's name/picture to be used in PGMES publications/videos.
- I do not grant permission for my child's name/picture to be used in district publications /videos.
- I would like the opportunity to decide whether to grant permission for my child's name/picture to be used in PGMES publications/videos on a case by case basis.

Release to Media

- I grant permission for my child's name/picture to be used in a local newspaper or news broadcast in connection with an event, award, or activity.
- I do not grant permission for my child's name/picture to be used in a local newspaper or news broadcast in connection with an event, award, or activity.
- I would like the opportunity to decide whether to grant permission for my child's name/picture to be used in a local newspaper or news broadcast in connection with an event, award, or activity on a case by case basis

### Permission to Give Information to the PGMES

Every parent of a child enrolled in the Montessori program is automatically a member of the Prince George Montessori Education Society and is entitled to attend and vote at all PGMES Board Meetings. However, we need your consent to use your contact information to keep you informed of PGMES information and events.

- I consent to the release of my phone number, email and physical address to the Prince George Montessori Education Society for the purpose of distributing newsletters and providing notification of PGMES community events.
- I do not consent to the release of my phone number, email and physical address to the Prince George Montessori Education Society for the purpose of distributing newsletters and providing notification of PGMES community events.

### Privacy of Personal Information Collected

The information provided by you during the registration process is collected under authority of the Community Care and Assisted Living Act and the corresponding Child Care Licensing Regulations and assists us in providing a quality program for your children. This information will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

**Emergency Contact Information – other than parent**

<b>Child</b>			
First Name		Last Name	
Date:			
<b>Contact Information</b>			
First Name			
Last Name			
Relationship to Child:			
Home Phone #		Work Phone #	
Cell Phone #		Pager #	
Email 1:		Email 2:	
Address		City	
Province		Postal Code	
<b>Contact Information</b>			
First Name			
Last Name			
Relationship to Child:			
Home Phone #		Work Phone #	
Cell Phone #		Pager #	
Email 1:		Email 2:	
Address		City	
Province		Postal Code	



## Immunization Record

**Name of Child Care Program: The Prince George Montessori Education Society Child Care Programs**

The Child Care Licensing Regulations, Section 17(l) states that all children attending daycare must have a record of their immunization(s). The following information must be recorded on each child attending the program and kept in facility files. A current photocopy of the child's health passport is also acceptable.

The Immunization Program is voluntary. Parents who choose NOT to immunize their child must understand the consequences of this in relation to the nature of a childcare setting. Please make a record of those parents who have declined to participate in the Provincial Immunization Program.

**Name of child:** \_\_\_\_\_

**Date and signature of parent/guardian:** \_\_\_\_\_

**Circle: YES or NO my child has been immunized in the Provincial Immunization Program.**

**My child has received additional immunizations:** \_\_\_\_\_

BASIC IMMUNIZATION SCHEDULE					
	2 month	4 month	6 month	12 month	18 month
Pneumococcal conjugate	X	X	X		X
Hepatitis B	X	X	X		
Diphtheria	X	X	X		X
Pertussis	X	X	X		X
Tetanus	X	X	X		X
Poliomyelitis	X	X	X		X
Meningococcal C conjugate				X	
Measles				X	X
Mumps				X	X
Rubella				X	X
Haemophilus Influenza Type b	X	X	X		X

- **Infants born on/after July 1, 2003 receive the Pneumococcal conjugate**
- **Infants born on/after July 1, 2002 receive the Meningococcal conjugate**
- **Infants born on/after January 1, 2001 receive the Hepatitis B or by school entry schedule**
- *Td – Diphtheria – Tetanus Booster given in Grade 9*
- *Td – Every 10 years after Grade 9*
- **School Entry: (4-6 years of age) DPT – Booster given in Kindergarten Yes \_\_\_ No \_\_\_**
- **Grade 6: Hepatitis B (2 doses) and Meningococcal C conjugate Yes \_\_\_ No \_\_\_**
- **The Provincial Schedule of Immunizations may change without notice.**



**This page is blank**

## EMERGENCY – PERMISSION CARD

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

Child Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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

Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Personal Health Number: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Medical Condition: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

It is the Child Care Facility's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance (ambulance fee is the parent's responsibility).

If an ambulance is not available, the caregiver/staff of the Facility will transport the child.

I hereby give permission to the caregiver/staff of the Prince George Montessori Education Society (circle one) Child Care Centre / Early Learning Centre to make necessary transportation arrangements for my child

\_\_\_\_\_ who has become ill or injured.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of caregiver/staff