

Little Sparks Preschool Registration 2020/2021

Child's Last Name: _____ First: _____ Initials: _____ Sex: _____ Birthdate: mm/dd/year

Program Required:

	Morning Program 8:30-11:30	Morning Program with Lunch 8:30-12:30	School Day Program 8:30-3:30	Extended Day Program 8:00-4:30
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Parent/Caregiver Information:

Mother's Name: (first) _____ (last) _____

Complete Home Address: _____

Workplace & Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Father's Name: (first) _____ (last) _____

Home Address: (if different than above) _____

Workplace & Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Guardian's Name: (first) _____ (last) _____

Home Address: _____

Workplace & Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

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Custody Status:

Are there any custody restrictions that we should know about? Yes / No If yes, please state custody agreement:

Please note: a copy of your court documents must be on file to enable our staff to enforce this agreement.

Medical Information:

Child's Physician: _____ Tel: _____

Address: _____

Does your Child have any allergies? Yes / No If yes, please specify below:

Medication: _____

Environment: _____

Food: _____

Other: _____

Does your child carry an EpiPen? Yes / No

Does your Child have asthma? Yes / No

If yes, does your child need to store inhalers at preschool? Yes / No

Any Previous communicable diseases, illnesses or injuries?

Date

Special Medical Conditions:

Are there any special requirements for diet, medication, rest or exercise?

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Child Development:

Has your child had any previous group play experiences? Yes / No
If Yes, please describe:

Has your child been involved with any resource agencies? Yes / No
If Yes, please describe:

Do you have any concerns about your child's development? Yes / No

What would you consider your child's strengths?

What would you consider your child's weaknesses?

Does your child have any fears/concerns that we should know about?

Any other information concerning personality, development or behaviour that would be useful?

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Registration and Fees

The cost for your child to enrol in Little Sparks Preschool is as follows:

1. A \$50 administration fee is required to reserve a space for your child in the program. This is a non-refundable fee.
2. Program Fees are:
 - \$26/day for Morning Program
 - \$34/day for the Morning Program with Lunch
 - \$46/day for the School Day Program
 - \$48/day for the Extended Day Program
3. Tuition reductions are available to families who:
 - Require Full Time Care (5 Full days per week)
 - Have more than one child registered at Little Sparks Preschool
 - or those who have children at both Trenton Christian School and Little Sparks Preschool.

Please inquire if you believe you may qualify.

4. Equal Monthly Tuition Payments are made through Pre Authorized Debit. Withdrawals are made on the 1st or 15th of each month.
5. **SPECIAL NOTE: Review of the Parent Handbook is required and all forms in the registration package must be complete and returned prior to your child being permitted to join the program on their start date.**

Your signature here indicates your knowledge of and agreement to abide by all policies and procedures contained in the Parent Handbook.

Date: _____ Parent's Signature: _____

For Office Use Only:

Administration fee of \$50 _____ (non refundable)

Pre-Authorized Debit forms received: _____

Copy on file of: Immunization record _____
School Immunization History form _____
Photo Consent _____
Consent for Collection of Personal Information _____

Anaphylactic / Allergy sheet required? Yes / No Attached? Yes / No

Date of Admission:
Date of Withdrawal:

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Please initial beside the following Preschool Policies to indicate that you have read and have stated your intention for each policy.

Photo Consent

Documentation of your child's early learning is a regular part of our program and includes photographs and / or video of the children that may be displayed in the classroom, shared with parents through SeeSaw Communication App; or used for promotional purposes on Facebook, our Website, or printed promotional materials.

Please complete the following:

I give permission for my child's photograph to be used in the following ways: *(Initial all that apply)*

- classroom displays / journal
- newsletters
- Little Sparks Facebook page
- SeeSaw Parent Communication App
- website / promotional materials

OR

I do not want me child to be photographed

At times, Little Sparks Preschool staff may be required to apply products such as sunscreen, lip chap, lotions and/or lip chap on students at the request of the parent or using their professional discretion.

I give Little Sparks staff permission to apply sunscreen, hand sanitizer, lotions and/or lipchap as needed.

Consent for Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an important part of providing your child with quality child care. Our privacy protocols comply with privacy legislation, standards of regulatory bodies, the Child Care Early Years Act and provincial laws. Storage, retention and destruction of personal information complies with existing legislation and privacy protocols.

Collection, use and disclosure of information will only be used for:

- providing child care
- to communicate with Municipalities, Ministry of Education, Children's Aid Society, Health Units, Emergency Medical Services and other agencies as required by legislation.
- to collect unpaid accounts
- to comply with the law

Your information may be accessed by regulatory authorities as required by law.

In the event that a request is made outside of the criteria noted above, you will be contacted for your permission

to release your information. (Ie. Outside resource agency due to special needs)

I agree to give my informed consent to the collection, use, and / or disclosure of personal information about my child, for the purposes listed above. If a new purpose arises, I will be contacted in advance.

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Anaphylactic Allergies

There is someone in your child's class with a severe allergy which can cause a life-threatening anaphylactic reaction.

The allergies include: **Peanuts, Eggs, Dairy**

_____ I agree to not send any products to school that contain any form of the above noted allergens. I will check ingredients carefully.

_____ I will assist my child with handwashing prior to entering the preschool room.

Parent's Name: (Please Print): _____

Date: _____ Parent's Signature: _____

Date: _____ Supervisors Signature: _____

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Emergency Contact Information:

Someone other than the parent/guardian who we can contact in an emergency:

Name: _____ Relationship to child: _____

Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Authorized Persons who may pick up child.

1.

2.

3.

Parent's Name: (Please Print): _____

Date: _____ Parent's Signature: _____