



Hudson's Hope Playschool

PO Box 611, 10112 Macintosh Crescent, Hudson's Hope, BC V0C 1V0

250-783-5505



REGISTRATION FORM – 2017/2018 School Year

July, 2017

Student (child's name)

Surname:	Name:	DOB:	M/F
Street Address:			Box#
Parent/Guardian:		Parent/Guardian:	
Home#:		Home#: (if different)	
Work#:		Work#:	
Cell#:		Cell#:	
Email:		Email:	

Emergency Contact (other than parent/guardian in town)

Surname:	Name:	Relationship:
Home#:	Work#:	Cell#:

Emergency Contact (out of town)

Surname:	Name:	Relationship:
Home#:	Work#:	Cell#:

Emergency Medical Information

Family Doctor:	Phone#:
Family Dentist:	Phone#:

CARE CARD #: _____

Medical concerns: _____



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Days Registered (check off all days that apply)

Indicate preferred slots with an "X":

	Monday	Tuesday	Wednesday	Thursday	Friday
07:30-12:00pm					
12:00-4:30pm					
Full Day					

NOTE: Registration will only be finalized when the deposit and documents are submitted to registrar. Spots will be filled on a first come first serve basis.

For Licensing purposes, Immunization records are necessary to complete the registration process. If you have chosen not to immunize your child, a waiver form must be completed and signed with your registration package. Please contact the Registrar if a waiver form is needed.

SPECIAL INSTRUCTIONS:

1. What name does your child respond to (nick names): _____
2. Does your child need assistance in toileting? Yes No (circle answer)

Explain:

3. Comments/Instructions to help us care for your child (e.g. fears, eating, etc.)

4. Please list any siblings:

Name	M/F	Age	Name	M/F	Age

5. At what age did your child begin to speak? ____ . Language spoken at home? _____



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6. Does your child understand/speak another language? _____

7. Does your child form friendships easily? Yes No (circle answer)

8. Describe how you feel he/she relates to other children: _____

9. When your child is alone, what activities does he/she enjoy? _____

10. Is your child used to afternoon naps? _____

11. Is there a special item to take to bed? _____

12. What is your child's favourite quiet time activity? _____

13. How does your child feel about starting daycare? (circle answer)

Apprehensive Afraid Unwilling Indifferent Excited

Comments: _____

14. Any parental concerns? _____

15. Please list three things you like about your child: _____



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PARENT/GUARDIAN AGREEMENT: (please initial in each box after reading and sign below)

	I understand that I will have to provide 1 snacks for my child every day for ½ day students and 2 snacks and a lunch for full day students. I understand that The Hudson's Hope Playschool is a nut free environment, and I will make sure that there is no nut, or may contain nut, products sent in my child's lunch box.
	I understand that I will provide sunscreen, bug spray, and other lotions for my child. I will put the lotions on my child before he/she attends Playschool and I authorize the Playschool Instructor to re-apply them if needed. I will provide a change of clothes, and I will label all items with my child's name. (I will also provide diapers, pull ups and wipes if applicable).
	I agree that The Hudson's Hope Playschool Instructor can photograph my child during Playschool classes. I understand that these photos may be emailed to parents in the form of newsletters, or progress reports, posted on our Facebook page, or on the Playschool website.
	I understand that if there is an accident, and an Emergency Response Team is called in, I authorize the Hudson's Hope Instructor to give permission for emergency treatment for my child at the hospital if we have not arrived. (The emergency response personnel, and medical staff at the hospital will recommend all emergency treatment for your child.)
	I give permission for my child to go on local walking field trips within the Hudson's Hope community as planned by the Playschool Instructor. A sign will be placed on the door indicating our location in the event of an emergency.
	I will notify the instructor if my child will not be attending Playschool at any time (holiday, illness etc.), so that the rest of the class does not wait unnecessarily.
	I understand that I will be punctual when picking up my child. I understand that I will be charged a late fee of \$1.00/minute for every minute over. The late fee will be billed later by the treasurer
	I am agreeable to having my email & phone number shared with other playschool parents for the purposes of periodic communication and sharing opinions on activities with other parents.
<p>I understand that the playschool is run by volunteers, and relies on the support of parents acting as volunteers to make the playschool function. The role that I am most interested in helping with is:</p> <p>President ___ Vice-President ___ Treasurer ___ Registrar ___ Secretary ___ Member at Large ___</p> <p>Details of these roles can be found here: http://hhplayschool.pris.ca/executive.html</p>	

The Hudson's Hope Playschool agrees to provide care in a professional manner as prescribed by law. It is understood that this agreement is for the benefit of the children, parents/guardians, and the instructor.

I have read, understood, and agreed to the procedures as set out in this agreement and in the Parent Handbook.

(parent/guardian)

(parent/guardian)

(date)

(date)



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REGISTRATION CHECKLIST

	*	REGISTRATION FORM
	*	COPY OF IMMUNIZATION RECORDS OR SIGNED WAIVER FORM
	*	RECENT PHOTO OF CHILD
	*	COPY OF CARE CARD
	*	\$100 DEPOSIT
		POST DATED CHEQUES OR PREAUTHORIZED BANK DEPOSIT
		CHANGE OF CLOTHES (LABELLED WITH CHILD'S NAME)
		EMERGENCY PACK (SNACK, COMFORT ITEM (photo/letter), JUICE BOX)

* necessary documents to hold spot for your child (all other "un-starred" items are due the first day)

STUDENT EMERGENCY CARD

(place photo here)	Child's Name: _____
	Address: _____
	DOB: _____ Sex: _____
	Parent/guardian: _____
	Home Phone: _____
	Work Phone: _____
	Cell Phone: _____
	Emergency Contact: _____
	Relationship to Child: _____
	Home Phone: _____
	Alternate Phone: _____
Medical Conditions: _____	Doctor: _____
Medications Used: _____	Work Phone: _____
Care card #: _____	Dentist: _____
	Work Phone: _____



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Authorization to release:

In the space below, please list up to four people (including yourself) who may pick up your child.

1. _____
2. _____
3. _____
4. _____

*Please note that individuals on the list may be required to show photo identification if they are not known to the Staff at the Hudson's Hope Playschool. If there is a need for someone other than those listed above to pick up your child, please inform the Playschool in writing. In an emergency situation, the teacher may accept verbal authorization from you.