

PRESCHOOL APPLICATION FORM 2017-2018

www.kidsbydesign.ca
604-466-8856



PROGRAM	
START DATE: September 2017	
PROGRAM (please check):	
<input type="checkbox"/> MORNING: 8:45 AM - 11:45 AM	<input type="checkbox"/> AFTERNOON: 12:30 PM - 3:30 PM
<input type="checkbox"/> MON/WED/FRI (\$195.00)	<input type="checkbox"/> MON/WED/FRI (195.00)
<input type="checkbox"/> TUES/THUR (\$160.00)	<input type="checkbox"/> TUES/THUR (\$160.00)
	<input type="checkbox"/> MON - FRI Jr. K. (\$360.00)

OFFICE USE ONLY
DATE RECEIVED: _____
APPLICATION FEE (\$50.00): <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
SUNDRY FEE (\$100.00):
<input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE
POST-DATED CHEQUES:
<input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE
IMMUNIZATION RECORD:
<input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE

CHILD INFORMATION	
FIRST NAME:	LAST NAME:
ADDRESS:	
DATE OF BIRTH: MM / DD / YYYY	GENDER: <input type="radio"/> BOY <input type="radio"/> GIRL

PARENT OR GUARDIAN INFORMATION	
NAME:	NAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
ADDRESS (IF DIFFERENT):	ADDRESS (IF DIFFERENT):
CELL PHONE:	CELL PHONE:
HOME PHONE:	HOME PHONE:
EMPLOYER:	EMPLOYER:
WORK PHONE:	WORK PHONE:
EMAIL:	EMAIL:

EMERGENCY HEALTH INFORMATION	
CARE CARD (MSP) NUMBER:	
FAMILY DOCTOR:	FAMILY DENTIST:
PHONE:	PHONE:
LIST ALL ALLERGIES AND/OR MEDICAL CONDITIONS. HOW ARE THEY MANAGED?	
IS YOUR CHILD IMMUNIZED? <input type="radio"/> YES <input type="radio"/> NO IF YES, PLEASE ATTACH IMMUNIZATION RECORDS WITH APPLICATION FORM	

PERSON(S) AUTHORIZED TO PICK UP CHILD AND EMERGENCY CONTACTS		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

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PERSON(S) NOT AUTHORIZED TO PICK UP CHILD		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

CHILD'S PERSONALITY AND EXPERIENCE
HAS YOUR CHILD HAD PREVIOUS GROUP PLAY EXPERIENCE? IF YES, HOW DID (S)HE ADAPT?
WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES OR INTERESTS?
DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE.
DESCRIBE YOUR CHILD'S PERSONALITY (EXAMPLE: OUTGOING, SHY, ACTIVE, SLOW TO WARM UP, QUIET)
IS YOUR CHILD TOILET-TRAINED? IF NO, PLEASE DESCRIBE YOUR CHILD'S TOILETING ABILITIES.
PLEASE PROVIDE HELPFUL SUGGESTIONS TO ASSIST YOUR CHILD TRANSITION INTO PRESCHOOL.

HOUSEHOLD INFORMATION		
LIST OF SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (EXAMPLE: SIBLING, GRANDPARENT, UNCLE, AUNTIE)		
NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:
PRIMARY LANGUAGE SPOKEN AT HOME:	OTHER LANGUAGES:	

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PARENT AGREEMENT

- 1. Fees: \$50.00** non-refundable application fee, due upon registration.
\$100.00 sundry fee post-dated for **Aug 1** (for field trips, workshops, supplies & class photo). Non-refundable after Aug 1. 10 post-dated cheques payable to *Kids By Design Preschool* for the 1st of each month. Fees are paid **one month in advance** starting **August 1st, 2017 to May 1st, 2018**.
The application fee, sundry fee, and monthly fee **MUST BE** submitted along with the application form. The monthly fee will remain the same regardless of the number of days in the month, absenteeism due to illness, inclement weather, statutory and public school holidays, Pro-D days and/or any personal vacation time. \$30.00 fee for each NSF cheque.
- 2. Late Pick-Up:** Parent or caregiver will be charged \$10.00 for every 10 minutes your child is not picked up.
- 3. Withdrawal from the Program:** If it becomes necessary to withdraw your child, a minimum of ONE MONTH NOTICE is required from the day an official letter is received from you. Failure to provide proper notice will result in full payment of fee for that month. All post-dated cheques will be returned to you.
- 4. Written Proof of Vaccinations:** *Kids By Design Preschool* is required by the Community Care Licensing Branch to provide a copy of each registered child's immunization record on file. In the event of an outbreak of communicable disease, this information is pertinent to assist in the immediate exclusion of those who are not immunized. Please attach a history of your child's immunization record with this application. You may use the form provided in this application.
- 5. Consent for Emergency Care:** If your child becomes ill during preschool, we will contact the names on the Emergency Contact list to arrange for pick up. The decision to release your child early will be based on the best interest of both your child and the health of the other children in care. If you are unavailable or cannot be reached and your child needs immediate medical attention beyond the ability of our staff, you are authorizing *Kids By Design Preschool* to call upon a medical practitioner or an ambulance to administer the necessary care.
- 6. Video and Photography Permission:** You give consent for your child, _____, to be photographed and/or videotaped during activities at the preschool for use in classroom displays, newsletters, and website.
- 7. Field Trip Permission:** You give consent for your child, _____, to attend local field trips organized by the preschool. You are aware of the risks inherent in participating in field trips and you assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such activity. You agree to hold harmless and indemnify *Kids by Design Preschool* and its staff from and against all claims, actions, costs, expenses and demands.

By signing this agreement, you acknowledge that you have read and agreed to the terms and conditions outlined above and in the Parent Handbook.

Signature of Parent/Guardian

Date MM / DD / YYYY

APPLICATION CHECKLIST

The following items **MUST BE** included with your application. Check each box once you enclose the item.

- Application Form (must be fully completed)
- Application Fee (\$50.00 non-refundable)
- Sundry Fee (\$100.00 post-dated for Aug 1, non-refundable after Aug 1)
- 10 post-dated cheques (payable to Kids by Design Preschool from August 1, 2017 to May 1, 2018)
- Immunization Record

IMMUNIZATION RECORD

CHILD'S NAME:
DATE OF BIRTH:
CARE CARD (MSP) NUMBER:

2 Months of Age
1st Set of Vaccinations

Date: YYYY/MM/DD

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus Influenzae Type b (Hib), Hepatitis B
- Pneumococcal conjugate
- Meningococcal C conjugate

4 Months of Age
2nd Set of Vaccinations

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus Influenzae Type b (Hib), Hepatitis B
- Pneumococcal conjugate

6 Months of Age
3rd Set of Vaccinations

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus Influenzae Type b (Hib), Hepatitis B

12 Months of Age
4th Set of Vaccinations

- Measles, Mumps, Rubella (MMR)
- Pneumococcal conjugate
- Meningococcal C conjugate
- Varicella (Chicken pox)

18 Months of Age
5th Set of Vaccinations

- Diphtheria, Pertussis, Tetanus, Polio,
Haemophilus Influenzae Type b (Hib)
- Measles, Mumps, Rubella (MMR)

4 - 6 Years of Age

- Diphtheria, Pertussis, Tetanus, Polio
- Varicella (Chicken pox) (if susceptible)

