

Vancouver Island Cooperative Preschool Association

Enrolment Form For Cordova Bay Preschool

Child's Information

Child's Full Legal Name:	Birth date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name to be Used in Preschool:	Today's Date:	
Address/Postal Code:	Enrolment Date:	
	Class (please circle): TTh AM 3's MWF AM 4's TTh PM 3/4's F PM 4's	
	<input type="checkbox"/> Duty <input type="checkbox"/> Non-duty <input type="checkbox"/> Don't know	

Family Information

Parent/Guardian Name:	Occupation:
Address <i>(if different from above)</i> :	Country of Birth:
	Cell Phone:
	Home/Work Phone:
Email Address:	

Parent/Guardian Name:	Occupation:
Address <i>(if different from above)</i> :	Country of Birth:
	Cell Phone:
	Home/Work Phone:

Number of adults at home:	Languages Spoken at home:
Name(s) and age(s) of siblings at home:	
Child's favourite activities and previous group experiences:	
Please explain the kind of guidance and control methods that your child responds to and other information which will help the Early Childhood Educator get to know your child's concerns, fears, interests and needs. Attach additional information, if necessary.	
Have you been a member of a VIPCA or other Coop preschool? If so, where and when? Has your family been involved in other group activities? <i>(E.g. Parent/Tot Groups, LaLeche League, Church, etc.)</i>	
Other Information or Concerns: <i>(Optional)</i>	

Child's Health

Medical Insurance Plan Number:	Effective Date:
Family Physician Name: Telephone:	Child's Dentist: Name: Telephone:
General Health (<i>check one</i>): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Medications Taken Regularly:
Allergies:	
Disabilities (<i>vision, hearing, etc.</i>):	
Serious Illness (<i>past and current</i>):	
Special Diet for health, religious or other reasons:	
Parent/Guardians' Health: 1: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 2: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Other Concerns:

Immunization Record

- My child has received immunizations. (Attach immunization record or enter the **DATES** your child received the immunizations indicated on the chart below.)
- I choose not to have my child participate in the province's immunization program.

BASIC IMMUNIZATION SCHEDULE—VIHA SOUTH

	1 st @ 2 mos.	2 nd 2 mo. After 1st	3 rd 2 mos. After 2nd	4 th 12 mos. of age	5 th 6 mos. After 4th
DTaP-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Haemophilus Type b)	✓	✓	✓		
DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Type b)					✓
Rotavirus	✓	✓			
Pneumococcal Conjugate	✓	✓		✓	
Meningococcal C Conjugate	✓			✓	
MMR (Measles, Mumps, Rubella)				✓	
Varicella (Chickenpox)				✓	

Please Note: 1. Rotavirus for children born on or after Nov 1, 2011
2. The check marks indicate the current recommended schedule as of January 2013

By my signature below I acknowledge the following:

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached.

Parent/guardian Signature _____ Date _____

Release Of Children

Some parents may require other individuals to pick up their children from preschool during the year (e.g. nanny, grandparent). I authorize Cordova Bay Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child _____ to the following adults:

NAME:	ADDRESS:	TELEPHONE:

Signed: _____

Date: _____

Under no circumstances is my child to be released to the following person(s):

Custody of Child: Is there a written agreement or order with respect to custody of your child?

**** If yes copy needs to be attached **** **Yes** **No**

Emergency Release

In the event of an emergency or other major disaster, I _____, authorize Cordova Bay Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child, _____ to the following adults. I understand that every effort will be made to contact me first.

NAME:	ADDRESS:	TELEPHONE:

Signed: _____

Date: _____

Photo Authorization

I, the undersigned as parent/guardian of _____ hereby give written consent for my child's picture to be taken for publicity or program purposes only (i.e. program guide or picture for classroom display) and that only the first given name of my child shall be released.

Signed: _____



Please attach a recent photo of your child

Emergency Permission Form

Please complete this form before the beginning of the school year. One copy will be kept in each of the three emergency bags so that the ECE can have access to your child's emergency information and emergency medical permission if the preschool is evacuated. **Your child may not attend preschool until this form is received by the preschool.**

Child's Name:	Date of Birth:
Address:	Home Phone:

Parent/Guardian:	Home Phone:
	Work Phone:
	Cell Phone:

Parent/Guardian:	Home Phone:
	Work Phone:
	Cell Phone:

Emergency Contact 1:	Home Phone:
	Work Phone:
	Cell Phone:

Emergency Contact 2:	Home Phone:
	Work Phone:
	Cell Phone:

Child's Doctor:	Phone:
Medical Number:	Allergies, including those to medications:
Medical Conditions:	
Child's Dentist:	Phone:
Date of most recent Tetanus shot:	

It is VICPA policy to notify the parent/guardian if a child is ill or requires medical attention. If the preschool is unable to contact the parent/guardian and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

I authorize the staff at Cordova Bay Preschool to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date:	Parent/Guardian Signature:
Date:	Parent/Guardian Signature:



Vancouver Island Cooperative
Preschool Association

The VICPA – What's That?

Dear Parent:

Your preschool is a member of the Vancouver Island Cooperative Preschool Association that is an umbrella organization for parent participation “co-op” preschools. All member preschools have the common philosophy of “learning through play”.

The VICPA Executive is a group of volunteer parents who share their time and experience for the benefit of all our preschools. The VICPA works on behalf of all its members to provide services that make running a co-op preschool easier.

These services include:

- Workshops – training and support of preschool executive
- Standards – ensuring VICPA's standards are met in all preschools
- Board and Committees – addressing issues relevant to preschools
- Equipment loan – sharing commonly held equipment amongst member preschools
- Information exchange including the Coverall newsletter

The VICPA provides a forum for networking between preschools. This sharing is invaluable to the school's executive members as it allows them to do their jobs more effectively and ultimately provides you with a well run preschool. Your VICPA fees allow us to run a small office, hire an Executive Coordinator and an Early Childhood Educator Consultant, publish our newsletter and present our annual spring parenting conference, Making Tomorrow.

Please consider the above information when filling in the VICPA Membership Form **(which is on the back of this sheet)**.



Vancouver Island Cooperative Preschool Association

Membership Application Form

Please complete the following application and return to you preschool's Enrolment officer as soon as possible in order for you Preschool to remain a member in good standing with the VICPA.

I, _____, a _____
your name(s) parent/guardian

at **Cordova Bay Preschool**, a group member in good standing with Vancouver Island Cooperative Preschool Association (VICPA) hereby apply to be an individual member with VICPA.

Signed: _____ Dated: _____

Enrolment Form for VICPA (optional)

Occasionally projects arise within the association requiring specific skills. Just as your preschool benefits from its members' talents, so can our association of preschools. While we understand that you lead busy lives, we ask that you consider volunteering with VICPA. Please look over the many suggested areas below and circle ones of interest and/or expertise denoting which parent. Also, please feel free to offer any skills that have not been listed.

Name: (please print) _____ Date _____

Preschool Name: **Cordova Bay** Class: _____

Home phone: _____ Work phone: _____

Most convenient time to reach you: _____

Are you a returning parent? Y N

If yes, how many years have you been with a VICPA co-op? _____

Do you know who or what VICPA is? Y N

Accountant (CA/CGA)___ Bookkeeper___ Carpenter (painter, repair skills)___ Graphic Artist___
Calligraphy___ Media (radio, TV, Newspaper, Magazine)___ Advertising/Public Relations___ Publishing___
Organisational Skills___ Drama/Actor___ Salary Negotiation___ Hiring Experience___ Lawyer___
Health professional (please specify) _____ Word processing (specify) _____
Making Tomorrow Conference___ Sewing___ Other _____

VANCOUVER ISLAND COOPERATIVE PRESCHOOL ASSOCIATION - V.I.C.P.A.

PARENTS' AGREEMENT FORM of Cordova Bay Preschool a member school of V.I.C.P.A. for the school year 2015/2016.

We, the undersigned have read carefully the Constitution and By-Laws of Cordova Bay Preschool and agree to abide by it. We will also read the Early Childhood Educator's (E.C.E.) Contract when available.

1. As a duty-parent/caregiver, I will arrange to arrive 20 minutes before preschool opening and to stay for up to 20 minutes after preschool closing. So that both my child and I may get the most out of this very special day, I will not bring any other children to the preschool. If I cannot be present, I will trade duty days with another parent/caregiver and notify the necessary people, i.e. E.C.E., class rep, duty scheduler.
2. We will make every effort to be **prompt in bringing**, and **picking up** our child for preschool.
3. We will not send our child to school if the child is ill, nor will we come as duty parents when we are ill. If our child contracts a communicable disease or condition (i.e. chicken pox, head lice, etc.) we will notify the E.C.E. immediately.
4. We understand that, in the school room and on the playground, the E.C.E. has overall responsibility for the program, teaching methods, discipline and health and safety measures; on a duty day, the parent/caregiver is there as the E.C.E.'s assistant.
5. We hereby authorize the E.C.E. to:
 - a) Arrange for periodic examinations by public health personnel;
 - b) Send our child home, if we are unable to pick him/her up, accompanied by an adult approved by us, if he/she appears ill, when it has been ascertained there is someone there to receive him/her;
 - c) In case of serious injury or other medical emergency, to obtain professional help (family doctor and/or ambulance) and notify the parents/caregivers immediately. We agree that any cost incurred for such services shall be the sole responsibility of ourselves. If parents/caregivers cannot be reached contact is then made with the person whose name appears as an alternate on the enrolment form, and emergency form;
 - d) To exercise discretion to ensure the safety and well-being of our child.
6. We will keep the E.C.E. informed of any event or change of routine at home that may affect our child's behaviour.
7. If we have questions about our child's progress or the program of the preschool, we will direct them to the E.C.E.; we will direct queries or suggestions about the administration of the preschool to the executive through the President or Personnel Committee.
8. **We will pay our child's tuition fees according to procedures adopted by our preschool.**
9. If it becomes necessary to withdraw our child from school, we will give one months notice in writing to the Secretary, or pay one month's dues in lieu of notice. We understand that in some circumstances, June fees are non-refundable as outlined in the Preschool's Constitution and/or enrolment policy.
10. **TO BE A FULLY COOPERATIVE MEMBER OF THE PRESCHOOL, WE ARE WILLING TO SERVE ON THE EXECUTIVE, ON A COMMITTEE, OR TAKE ON A JOB(S), AND TO ASSIST IN GENERAL UPKEEP AND THE FUNDRAISING FOR THE PRESCHOOL.**
11. We undertake to attend **MONTHLY MEETINGS**, held at the preschool on the 1st Wednesday of each month for the purpose of conducting preschool business and the **PARENT EDUCATION PROGRAM. (Participation in an ongoing Parent Education Program is a requirement to maintain compliance with Community Care Facility Act, Child Care Licensing Regulation).** We understand that the presence of one duty parent/caregiver per family is required at every meeting, **and that our family may be asked to withdraw from the preschool group if more than two meetings are missed.** We are aware that contact with the Secretary is necessary in the event of an unavoidable absence and that the posted minutes of the meeting must be read and signed **and Parent Ed must be followed up as per VICPA Standards.**
12. We will take an active interest in the **Vancouver Island Cooperative Preschool Association (V.I.C.P.A.).**
13. We understand that in accordance with the **Child Care Licensing Regulation** as a duty parent/caregiver we are required to have on file the written opinion of a medical practitioner that our mental and physical health is adequate for the job. A form letter from the V.I.C.P.A. is provided to the duty parent/caregiver for the Medical Practitioner's signature. **We may not serve as duty parents in the classroom until this form has been presented to the Enrolment & Orientation officer and kept on file at the preschool.**

If the Local Medical Health Officer in your community does not require a T.B. (tuberculosis) test then disregard item 14.

- 14. We understand that in accordance with the **Child Care Licensing Regulations**, it is compulsory for the regular duty parent/ caregiver born or raised in countries where tuberculosis is endemic, to have a TB test that proves they do not have active tuberculosis. A copy of the results of this test must be presented to the Enrolment & Orientation officer and will be kept on file at the preschool. This process must be completed before the parent/caregiver begins the first duty day.
- 15. We agree to make every effort to present the forms for items 13 and 14 at the time of registration and no later than 2 weeks after our child has commenced preschool. **THESE FORMS ARE LICENSING REQUIRMENTS FOR THE LEGAL OPERATION OF OUR PRESCHOOL. Parent cannot assist as duty parent until above mentioned documents have been received by the Enrolment & Orientation Officer. Children cannot attend the program fully until all their registration forms have been submitted.**
- 16. We understand that according to government regulations, if we (parents or legal guardians) are unable to do participation days in the classroom whomever we appoint will require a Criminal Record Check.
- 17. We understand that the use of the preschool facilities and the activities which our child or children undertake at the preschool involves some risk of minor physical injury. We hereby release and discharge the V.I.C.P.A., the Cordova Bay Preschool, and its employees and volunteers from any actions, causes of action or liability which we may have individually or have on behalf of our child or children in excess of the public liability insurance carried by V.I.C.P.A. and the preschool.

This Parents' Agreement form and in particular, the waiver-release clauses herein contained represent the entire agreement between the parties and the said terms are contractual in nature and not a mere recital.

We have read the Parents' Agreement form in its entirety and confirm that we know the contents of this agreement and that we sign the agreement voluntarily.

This Agreement signed and duly witnessed on the ____ day of _____, 20__.

Parent/Caregiver

Parent/Caregiver

Parent/caregiver(s) (print): _____
(persons "on duty" and delivering child to class).

Signature(s): _____

Witness (print): _____

-

Signature: _____

Address: _____

-
Occupation: _____

For use only for families participating for a consecutive year. I/We have reread the Parent Agreement form.

Signature(s): _____

Date: _____