

**ST. MARY'S PRESCHOOL
2023/24 REGISTRATION CHECKLIST**

(Please complete & return this cover sheet with your registration package)

NOTE: Incomplete packages will not be accepted, and registration will not be considered complete, until ALL documents/fees have been submitted.

- Completed registration form
- Completed Parent Agreement (Return one, keep one for your files)
- Registration Fee \$75 (to be paid by Cheque at time of Registration—Cheque to be made out to **RCAV -St. Mary's Parish**)

MONTHLY PAYMENTS: Preferred payment is debit from your account (Fill out Pre-Authorization Debit form and attach VOID cheque) - Payments will be taken out on the First of the month.

OR

Submit 10 post-dated cheques—September 1st—June 1st (Cheques to be made out to "RCAV—St. Mary's Parish")

FEES: 3 year old Class (Tuesdays & Thursdays) - \$150/month
4 year old Class—3 days/week (Mondays, Wednesdays & Fridays)- \$200/month
Or
4 year old Class—5 days/week (Monday-Friday) - \$320/month

- Pre-Authorized Debit form attached (and **VOID cheque**) Payments will be taken out on the First of each month (September—June)
- or
- 10 post dated cheques attached (dated the First of each Month (Sept—June))

Note: Families applying for Government Subsidy **MUST** have documents signed by June 1st/2023 and submitted to the Ministry by June 9th/2023 in order to have paperwork in place for September 2023.

Photocopy of documents to be submitted with registration package:

- Birth Certificate
- Immunization Records
- Baptismal Certificate (if Catholic)
- Copy of Status Card (if First Nations/Aboriginal Ancestry)
- Emergency Consent Card (**please ensure you fill out both sides of the card and attach a photo of your child.**)

St. Mary's Preschool Registration 2023/24

Child's Age by December 31st, 2023 will be _____ years old.

Please do not write in this space:

Start Date: _____

3 year old (Tuesday & Thursday) _____

4 year old (3 day class) _____

4 year old (5 day class) _____

Copy of Immunization Form: _____

Copy of Birth Certificate _____

Registration fee Paid: _____

Fees Paid : _____

Allergies: _____

Child's Legal Surname _____ Usual Surname (if different) _____

First Name: _____ Middle Name: _____

Home Phone # _____ Home Address: _____ Postal Code _____

Date of Birth: _____ Sex: F _____ M _____

Child's Religion _____ Date and Place of Baptism (if Catholic) _____

Child's B.C.Care Card #: _____

Aboriginal Ancestry: Status Non-status Metis Other _____

Student living on Reserve: No Yes (if yes, Band of residence) _____

Status Card Number _____ (please attach copy of status card)

MOTHER's Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone #: _____ *Any other Phone # Mom can be reached during class time: _____

Mom's email address: _____

FATHER's Name: _____ Home Phone # _____

Cell Phone # _____ Work Phone #: _____ *Any other Phone # Dad can be reached at during Class time: _____

Dad's email address: _____

Custody order in effect? No Yes (If Yes, please attach copy of court order)

Legal Guardian's Name: (if applicable) _____ Phone #: _____

Guardian's Address (if different from child's) _____

Guardian's email address: _____

If your child is cared for by a babysitter or another adult who is responsible for your child on preschool days, please indicate name and phone #: _____

List **all** the persons who have permission to pick up your child from preschool (including parent's names) and their relationship to your child. **Only those listed below will be allowed to take your child from the preschool, unless we have been notified by the parent to do otherwise.**

Child's Name _____

Names of persons who are authorized to pick up our child from preschool	Relationship to child	Phone number

Is there anyone **NOI** authorized to pick up your child? If so, please provide the following:

Name _____ Relationship to Child _____

PERSONS TO CONTACT IN CASE OF EMERGENCY: In the event that we cannot make contact with the parents, please provide the name of someone, who lives locally, that we may call:

 Name (please print) Home Phone# Cell Phone #

Please provide an "**Out-of-Province**" contact:

 Name (Please Print) Relationship to child Home phone# Cell phone #

HEALTH INFORMATION

IMMUNIZATION RECORDS: Please attach a copy of your child's immunization records

Are your child's immunizations up to date: _____

Our child is not Immunized Parent Signature: _____

Family Doctor's Name: _____ Phone #: _____

Family Dentist's Name: _____ Phone #: _____

Does your child have any known allergies? Please list: _____

If yes, please specify any instructions to be followed in the event of an allergic reaction

Please describe any other concerns/issues regarding your child's health and development (seizures, asthma, vision, behaviour, speech, hearing, language, mobility etc.)

Where did you hear about our program? _____

Other information to help us get to know your child better:

What other type of group experiences has your child had? _____

Is your child comfortable separating from you, the parents? _____

Does your child have any pets? _____

What are his/her favorite outdoor activities? _____

What are his/her favorite indoor activities? _____

Does your child have any fears? _____

Are there any special food restrictions? If so, please describe: _____

Do you have any concerns about your child's present behavior? _____

Is your child fully toilet trained? _____

Please list all the people your child lives with: _____

Does your child have any siblings? If yes, please list names and ages: _____

Is there a custody agreement we should be aware of? If so, please provide details _____

Is there anything else we should know about your child that will help us get to know him/her better?

RETURN THIS COPY WITH YOUR APPLICATION

Child's name _____

ST. MARY'S PRESCHOOL
PARENT AGREEMENT

Full name of child: _____

This agreement is between _____ (Parents) and **ST. MARY'S PRESCHOOL** concerning the child named above who is, or will be, attending the preschool.

PHILOSOPHY

I understand the philosophy of St. Mary's Preschool and accept that stories, songs, celebrations and prayers of the Catholic Tradition will be used throughout the program.

FEES

I agree to pay a \$75.00 registration fee and have filled out the Preauthorization Form for Direct Debit (fees to be taken out on the First of the month (September –June) or submitted 10 post-dated cheques (payable to **RCAV—St. Mary's Parish**) dated the first of the month (September—June) . I understand that no refunds will be made for days my child is absent and no refunds will be made for holidays (vacation) or for snow/ice days.

If it becomes necessary to withdraw my child from the preschool, I agree to give **one month's** written notice to the teacher OR pay one month's fee in lieu of notice.

IMMUNIZATION RECORDS

I agree to give the preschool a photocopy of my child's immunization records (If your child is not immunized, please indicate by signing in space provided on Page 3)

EMERGENCY POLICY:

It is the policy of St. Mary's Preschool to notify a parent when a child is ill or in need of medical attention. Should the occasion arise that a child requires immediate medical attention, due to illness or injury, and we are unable to contact the parents, an ambulance will be called.

I authorize the staff at the preschool to call an ambulance in the case of injury or illness of my child if we, the parents, cannot immediately be reached.

I understand that if an ambulance is called for my child, I will be responsible for paying any ambulance fees associated with transportation to Chilliwack General Hospital.

I hereby give consent for my child, named above, to receive medical attention. I hereby grant permission for the staff at St. Mary's Preschool to administer first Aid Procedures whenever deemed necessary.

POLICY ON ARRIVAL TO AND DEPARTURE FROM PRESCHOOL

I will refrain from sending my child to preschool if there is any question of illness; and agree to promptly notify the teacher of any communicable disease my child contracts.

When dropping off my child, I will sign my child in and I will make certain that a staff member is aware of my child's presence .

I am aware of the preschool's start and end times (8:45am.—11:45 a.m.) and will be prompt at picking up my child at the end of class.

*** There will be a charge of \$1.00/minute if the child is not picked up within 15 minutes of class ending.**

*** Preschool doors will not open until 8:45 a.m. for the start of preschool.**

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POLICY ON ARRIVAL TO AND DEPARTURE FROM PRESCHOOL (continued)

I am aware of, and agree to, the Preschool's policy that the staff will not allow my child to leave with anyone other than a parent or authorized individual listed on the registration form.

If someone other than a designated person is to pick up my child, I will let the staff know ahead of time, in writing.

I agree to keep the Preschool up-to-date with emergency contact persons, authorized persons and numbers where they can be reached.

GENERAL

** I will ensure that my child is **FULLY** toilet trained and not wearing diapers.

I agree to inform the teacher of any changes at home which may affect my child's behavior.

I understand that the Preschool Teacher has overall responsibility for the program, discipline, teaching methods and health and safety measures.

I give consent for my child to attend scheduled field trips with the preschool. I understand that the preschool teacher will provide advance notice of field trips and forms will be provided for each field trip. I understand that it is my responsibility to transport my own child (or make other arrangements for my child to be transported) on any field trip that may be arranged. (unless the school bus is used).



I agree to attend the preschool orientation session on
TUESDAY, SEPTEMBER 5th, 2023 at 6 pm
(in the Preschool)

I understand that being registered in St. Mary's Preschool does not guarantee automatic enrollment into St. Mary's Elementary School.

PARENT/GUARDIAN'S NAME: _____ Date: _____
(Print Name) (Signature)

PRIVACY ACT— The new Privacy Act guidelines require that we have your permission to do the following:

May photos of your child be used in St. Mary's Parish/Preschool newsletters and/or other promotional materials?

Yes _____ No _____ Signature: _____

**PRE-SCHOOL
AUTHORIZATION FOR DONOR PRE-AUTHORIZED DEBIT PLAN
ST. MARY'S PARISH, CHILLIWACK, BC**

INSTRUCTIONS:

1. Please complete all sections in order that your donation can be debited directly from your account.
2. Return the completed form with a blank cheque marked "VOID" or attach a Pre-Authorized Debit form completed by your financial institution to the parish office.
3. If you have any questions, please contact the parish office.

INFORMATION (Please print clearly)

Name(s):	
Address:	
City	Postal Code
Telephone:	
Signature(s):	
<hr style="width: 50%; display: inline-block; margin-right: 20px;"/> <hr style="width: 50%; display: inline-block;"/>	
Date:	

I authorize St. Mary's to withdraw the sum of \$_____ each month for Pre-School Fees.

PLEASE NOTE ALL PRE-AUTHORIZED PAYMENTS ARE DEDUCTED FROM YOUR ACCOUNT ON THE **1ST** OF THE MONTH. (unless due to Stat Holidays there is a bank closure, then it will be the next banking day.)

(please sign to authorize and confirm the above)

FINANCIAL INSTITUTION/BANKING INFORMATION (please print clearly or attach a VOID cheque)

Branch Number:	Institution Number:	Account Number	Please check if you are revising your account info.
Name of Financial Institution:			
Branch:			
Branch Address:			
City/Province:		Postal Code:	

PAYEE INFORMATION:

Payee Name:	
THE ROMAN CATHOLIC ARCHBISHOP OF VANCOUVER ST. MARY'S PARISH	
Address:	Telephone:
8909 Mary Street, Chilliwack, BC, V2P 4J4	604-792-2764

