



## Linda Howarth Memorial Preschool

130- 2960 Okanagan Ave, SE  
 Salmon Arm, BC V1E 1E6  
 250-832-2009

[www.lindahowarthpreschool.ca](http://www.lindahowarthpreschool.ca)

## Registration Form

Dear Parents:

Welcome to Linda Howarth Memorial Preschool. Here is page one of our registration package. There is a 10 page registration booklet, as well as a 4 page Parent Participation Enrolment Agreement you will receive once you register. Spaces in the preschool are on a first come basis, so please return this page as soon as possible.

### **Registration fee for the 2011/2012 year is \$80.00**

This fee includes a \$49 CPPPBC (family rate) membership + \$20/child- field trip fees + \$9.50/child- insurance costs, plus \$1.50/child Teacher's Assoc. Professional Development Fund. If registering a 2<sup>nd</sup> Child, add another \$31 for field trip/insurance/TAPD fund, for a total of \$111.

### **Class Options:**

- M/W/F am 9:00-11:30 \$95.00/month
- T/TH am 9:00-11:30 \$75.00/month
- T/W/T pm 12:30-3:30 \$95.00/month (dependant on enrollment numbers)

Childs Name: \_\_\_\_\_ 2<sup>nd</sup> Childs Name: \_\_\_\_\_

(Some classes fill up quickly so mark a 1<sup>st</sup> and 2<sup>nd</sup> choice of class)

#1 Class Choice: (circle one) M/W/F **am** T/TH **am** T/W/TH **pm**

#2 Class Choice: (circle one) M/W/F **am** T/TH **am** T/W/TH **pm**

An **\$80.00 cheque** for Registration Fee for one child only

OR

An \$111.00 if enrolling two children

Please **return this page with your cheque** to Linda Howarth Memorial Preschool. Drop off (Monday or Friday 9am to 12pm) or (Tuesday or Thursday 9am to 3pm) or by mail to address above if between June 29<sup>th</sup> –Sept 7<sup>th</sup>. Registration fees are due upon registering your child.

**No spaces are guaranteed until this fee and page have been returned.**

# REGISTRATION FORM

**Childs Full Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
Male \_\_\_ Female\_\_\_

**Birth Date** \_\_\_\_\_ **Care Card Number** \_\_\_\_\_  
Day Month Year

**Street Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(If different than above)

**Postal Code** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

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**Mothers Full Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Name of Employer** \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

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**Fathers Full Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Name of Employer** \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

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**Would you like your business listed in a preschool directory for parents?** \_\_\_\_\_  
**If yes, please attach a business card or list business and contact info.** \_\_\_\_\_

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**Email Address** to receive General Meeting Minutes \_\_\_\_\_

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**Childs Allergies / Special Needs or Instructions / Medications:**

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Please give us some general information about your child. (For example, your child's likes and dislikes, favorite activities, any concerns regarding your child).

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What do you hope your child will gain from pre-school? \_\_\_\_\_

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What guidance and control mechanisms does your child respond to? \_\_\_\_\_

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Have you had any other Parent Participation Preschool experience? If so, please indicate level of involvement. \_\_\_\_\_

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Who will be doing your Duty Days? \_\_\_\_\_

What other commitments do you have? How much can you help? \_\_\_\_\_

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How did you find out about Linda Howarth Memorial Preschool? \_\_\_\_\_

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Useful Background Information

Names and Ages of other Children in Family

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Has your child attended any previous pre-school/ daycare programs? If yes, where and when? \_\_\_\_\_

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**Primary Emergency Contact (other than parents or guardian)**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

During your child's hours at preschool will this Emergency Contact Person be  
(circle one)

AT HOME

or

AT WORK

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

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**Secondary Emergency Contact (other than parents or guardian)**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

During your child's hours at preschool will this Emergency Contact Person be  
(circle one)

AT HOME

or

AT WORK

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

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Adults authorized to pick my child up (including emergency contacts):

\_\_\_\_\_

\_\_\_\_\_

Is there anyone who is not allowed to pick up your youngster from preschool, other than  
strangers? Relative or friend child knows

\_\_\_\_\_

\_\_\_\_\_



## LINDA HOWARTH MEMORIAL PRESCHOOL

In accordance with the Freedom of Information and Protection of Privacy Act, Linda Howarth Memorial Preschool requires consent to use personal information for purposes unrelated to educational programs.

1. There are occasions when our school personnel, The Executive Board and other families within the school request demographic information (name, address and telephone number) of parents and children in the school for educational, social or safety purposes. We need your consent to provide them with the information.

We will not provide any information for business or commercial purposes to any outside groups.

\_\_\_\_\_ YES – I give my consent for release of my home address and phone number for purposes consistent with the above.

\_\_\_\_\_ NO – I do not permit the release of my home address and phone number for purposes consistent with the above.

2. It is a tradition in our school to allow staff and the media to photograph individual students and groups of students to commemorate events. While photographs add to the community life of our school, they are not required for educational purposes. As such, consent for the release of your child’s name, photograph and comments is required. Student’s name, photographs and comments may be published in the school photograph albums or on occasion in the news media.

\_\_\_\_\_ YES – I give my consent for the publication of my child’s name, photograph and comments for purposes consistent with the above.

\_\_\_\_\_ YES – I only give my consent for my child’s name, photograph and comments to be used in the school photo album and video taping.

\_\_\_\_\_ NO – I do not permit any publication of my child’s name, photograph and comments for purposes consistent with the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Child’s Name

**Please note:** If your situation changes and you wish to rescind this consent, please advise the school.

## SIBLINGS

**When I am scheduled for a Duty Day, it will be difficult to find childcare for my younger child.**

This is a common concern for many parents with younger children under the age of 3. Younger children must be left with a caregiver while the parent is helping on their Duty Day as the school is only licensed to be responsible for the children who are enrolled at the preschool. If you do not have access to childcare, parents could create a babysitting co-operative. This is when parents with younger children take turns caring for one another's children when they each have their scheduled Duty Day.

If your younger child is of preschool age (30 months – 5 years) it may be possible for your non-enrolled child to participate, should you be unable to find alternate care for him/her. However you **MUST** contact the teacher to make sure that there are sufficient child spaces available in the classroom for him/her. We must maintain the proper child/staff ratio. We try to enroll 18 children in each class and are licensed for 20 children, giving us only 2 spare spaces.

As well as your child meeting the age requirement we must have the appropriate paperwork completed and on site in order for them to participate in the pre-schools program and be in compliance with Child Care Licensing Regulations.

**Before a sibling can participate in the preschool program we must have a copy of his/her Birth Certificate, a completed Sibling Registration Form and a 4X6 photo (shoulders up). These must be on file before a sibling can attend!!**

**Linda Howarth Memorial Preschool Insurance does not cover non-enrolled children on parent's Duty Days. The parents non-enrolled preschool age (30 months to 5 years) children will be supervised by you at all times and all possible precautions will be taken, however sometimes unforeseen accidents do occur and the school cannot be responsible for them nor can the teacher or other Duty Parent(s).**

**Given these circumstances I request that my non-enrolled preschool aged youngster(s) be allowed to participate in the class activities on my Duty Days if necessary.**

**CHILDS NAME:** \_\_\_\_\_

**PARENTS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# FIELD TRIP PERMISSION SLIP 2011/2012

As part of the preschool curriculum program we would like to be able to take the children on Field Trips. This form is to ask your permission to allow your child to participate in any trips we may plan, both neighborhood walks and excursions. A trip of any distance would involve transportation in parents' vehicles and a detailed permission slip will be given to you before the excursion. The Council of Parent Participation Preschools of B.C. has a special Automotive Insurance Policy to cover these excursions.

## **ALL PARENT DRIVERS MUST HAVE A VALID B.C DRIVERS LICENCE AND VALID B.C. EXTENDED COVERAGE VEHICLE INSURANCE**

If you are in agreement with your child participating in any excursions we plan, please sign below so that we may have this consent form on file. Any concern you may have with a specific field trip should be discussed with the teacher.

I give permission for my child \_\_\_\_\_ to leave the school premises under Teacher and Parent Helper supervision for Neighborhood walks and I give permission for the field trips when the youngsters are transported by Motor Vehicles.

There will be written advance notice for permission given to parents/guardians in advance of any field trips when children are transported by motor vehicle.

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(Print Parent Name)

(Print Parent Name)

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(Parent Signature)

(Parent Signature)

Date: \_\_\_\_\_

Linda Howarth Memorial Preschool  
 130- 2960 Okanagan Ave SE, Salmon Arm, BC V1E 1E6  
 (250) 832-2009

# EMERGENCY PERMISSION CARD 2011/2012

Childs Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Childs Hair Color: \_\_\_\_\_ Childs Eye Color: \_\_\_\_\_

Childs Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

Childs Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Childs Care Card # \_\_\_\_\_

Childs Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

It is the Preschools policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the hospital by ambulance.

(Ambulance fee is the responsibility of the Parents)

If an ambulance is unavailable, the staff/ parent helpers of the preschool will transport the child to the hospital.

I hereby give permission to the staff/ parent helpers of Linda Howarth Memorial Preschool to make necessary transportation arrangements for my child \_\_\_\_\_ who has become ill or injured.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# PARENT EDUCATION SPEAKER SURVEY

Please check off all sessions that you feel would be the most benefit to you, please don't check them all off unless you really feel that you would benefit from all:

- \* Relaxation techniques for preschoolers \_\_\_\_\_
- \* Speech and hearing development in preschoolers \_\_\_\_\_
- \* Nutrition and preschoolers \_\_\_\_\_
- \* Techniques for Infants and Child Choking \_\_\_\_\_
- \* Fire Safety in the Home \_\_\_\_\_
- \* How to deal with Sibling Rivalry \_\_\_\_\_
- \* Preparing children for Kindergarten \_\_\_\_\_
- \* Music Therapy \_\_\_\_\_
- \* Self esteem in children \_\_\_\_\_
- \* Conflict Resolution Skills for preschoolers \_\_\_\_\_
- \* Preschoolers and Friendship \_\_\_\_\_
- \* Effective Discipline \_\_\_\_\_
- \* Encouraging creativity in children \_\_\_\_\_
- \* Emotional development of the child \_\_\_\_\_
- \* Talking to children about Sexuality \_\_\_\_\_
- \* Effects of T.V on children \_\_\_\_\_
- \* Discipline vs. Punishment \_\_\_\_\_
- \* Listening Skills \_\_\_\_\_
- \* Raising Responsible Children \_\_\_\_\_
- \* Parenting with Humor \_\_\_\_\_
- \* Avoiding power struggles with your children \_\_\_\_\_
- \* Family Strength... Couple Strength \_\_\_\_\_

Please list any other topics that you would like to see offered

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Parent Participation Preschool Enrollment Agreement

THIS AGREEMENT IS BETWEEN:

\_\_\_\_\_ (the "Parent" or "Guardian"),

Guardian of \_\_\_\_\_ (the "Child")

and **Linda Howarth Memorial Preschool.**

IN CONSIDERATION of the Preschool permitting the Child to be enrolled and participate in the Preschools Program between September 8, 2011 and June 22, 2012 inclusive (the Preschools "Operating Year"), the Guardian on his/her own behalf and on behalf of the Child, agrees to read and abide by the Preschools Constitution and Bylaws and to do the following things:

## **MUST Participate in the Life of the Preschool by:**

1. Attending the Parent Orientation session on September 7<sup>th</sup>, 2011 - 6pm at the preschool.
2. Attending regularly all "Parent Education" Meetings every 3rd Wednesday of the month from 6 to 8 pm at the Preschool. First meeting Sept 21. These will entail general info regarding the operation of the preschool as well as listening to a professional speaker that is designed to enhance Parent and Guardians understanding of the development of preschool children and the early childhood education methods employed by the Preschool to foster that development. Homework will be given if missed. **If you miss 3 meetings, you will be assigned an extra duty day, and you will be assigned an extra duty day for every missed meeting after that.**
3. Serving in some capacity either on the Preschool Executive Board or on a Preschool Committee or signing up and completing Job postings (involves maintaining the preschools daily operation).
4. Participating in Preschool fundraising, minimum 20 hours. Annual events such as Silent Auction, Movie Matinee, Garden Tour, Buying/ Selling Askews Gift Cards, Raffle Tickets. (**\*See pg. 15 for fundraising options**)
5. Spending one to two sessions per month at the Preschool ("Participation Days" or "Duty Days") assisting the Preschool teacher in the implementation of the Preschool program. A session is the usual time that the children are in class during the morning or afternoon.

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

Date: \_\_\_\_\_

**ENROLMENT AGREEMENT – cont’d**

6. Defer reasonably to the Preschool teacher on Participation/Duty Days and otherwise, in matters of discipline, safety and instruction while the Child is at the Preschool.
7. Arrive at least 10 minutes before Preschool opening and stay at least 10 minutes after the Preschool closing on Participation/Duty Days.
8. *It is the Parent/ Guardian’s responsibility to find a replacement for their Participation/ Duty Day should the need arise because of illness or other reasonable cause.* You will be given a class phone list where *you* will have to call each family and find out if they can do your duty day. If you have exhausted the list and cannot get anyone, please call the school and leave a message that you have done so, so that Jackie has enough notice to ask parents as they drop off their kids, if they are able to stay.
9. If your younger child is of preschool age (30 months to 5 years) it may be possible for your non-enrolled child to participate, should you be unable to find alternate care. However, you **MUST** contact the teacher to make sure there are sufficient child space's available in the classroom for him/her as we need to maintain the proper child/staff ratio.
10. If your child meets the age requirement and there is space on that day you also need to fill out the appropriate paperwork for them to be on site so that we are in compliance with child care licensing regulations.
11. Ensure that the Child is brought promptly to the Preschool at the beginning of each day, and picked up promptly at the end of each day.
12. Ensure that matters that may affect the Child’s behavior, or the programs provided for the Child by the teacher, be brought to the teacher’s attention. (e.g. death of a loved one, parent away for work, etc)

**Health and Safety Issues**

13. Provide to the Preschool teacher in writing in advance of the Child’s first day of attendance:
  - (a) Full contact, including the address and office telephone number of the Child’s Physician.
  - (b) Full and complete information and instructions concerning allergies, special dietary needs, medications and any other medical conditions, sensitivities or requirements that may

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

Date: \_\_\_\_\_

**ENROLMENT AGREEMENT – cont'd**

affect the Child and the program offered by the Preschool for the Child.

- (c) Current proof that the Participating/Duty Parent has been tested for tuberculosis and has been found to be free of that disease, if this is required by the local Health Unit and/or is available in your area.
- (d) Full Parent/ Guardian contact information, including the home and work addresses and phone numbers and cell phone numbers so that the Preschool is able to reach the Parent/Guardian during the day or evening if that is necessary; and
- (e) Names, home and work addresses and phone numbers for one or more responsible adults (Designated Adults) who are known to the Child, who may be contacted in the event of an emergency if the Parent/ Guardian cannot be contacted, and who are authorized by the Parent/ Guardian to pick up the Child for the Preschool or a Preschool event, either at the end of the day or otherwise.

14. Ensure each day that the Child is not suffering from any illness, including communicable diseases and conditions, before sending the Child to Preschool.

15. Notify the Preschool teacher immediately of any exposure, on the part of the Child, to persons having, or suspected of having, any communicable disease or condition.

16. Authorize the Preschool to permit the Child to be seen by public health personnel during their routine visits to the Preschool.

17. In the event of a medical emergency and the Parent or Guardian cannot immediately be reached, provide the Preschool with written authorization to secure for the Child, that treatment which provincial emergency services personnel and/ or any qualified medical practitioner(s) or person(s) with health care training who can be contacted, consider appropriate.

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

Date: \_\_\_\_\_

**ENROLMENT AGREEMENT – cont’d**

- 18. Respond promptly to advice from the Preschool that the Child appears reasonably to be ill by either
  - (a) Taking the Child home; or
  - (b) Arranging for a Designated Adult to retrieve the Child from Preschool.
  
- 19. Authorize the Preschool to arrange for a Designated Adult to retrieve the Child from Preschool in the event that the Child appears reasonably to be ill and the Parent or Guardian cannot be contacted.

**Monthly Fees and Related Payments**

- 20. Pay to the Preschool, upon enrolling the Child, the annual Registration Fee. This fee is not refundable.
  
- 21. Pay to the Preschool, a fee of \$95.00 (M/W/F am Classes) or \$75.00 (T/TH am Classes) or \$125.00 (T/W/TH pm Classes) for each month that the Child is enrolled at the Preschool (the “Monthly Fee”). This Fee is to be paid at Orientation session, before the first day of school, by providing **10 monthly post dated cheques** to cover the fees for the year. Post dated the 1<sup>st</sup> of every month, Sept to June.
  
- 22. **Provide one month’s written notice, or pay to the Preschool one month’s Monthly Enrollment Fee**, in lieu of written notice, should it be necessary to withdraw the Child from the Preschool at any time within the Preschool Operating year. Your remaining month’s cheques will be returned to you.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

\_\_\_\_\_  
(Print Parents Name)

\_\_\_\_\_  
(Parents Signature)

### Immunization of Staff in Community Care Facilities

Employees, volunteers and others working in a community care facility as of July 1, 2007

Applicants must complete and submit with application.

This document may also be used at the time of initial employment to record the employees, volunteers and others working in a community care facility's compliance with the Province's immunization and TB control program. Staff immunization is not mandatory in community care facilities however it is strongly recommended as a best practice for the protection of staff and persons in care. Licensees must keep a record of each employee's immunization history even if the immunization is incomplete.

References: *Child Care Licensing Regulation Part 3, Division 1 Section 19(1) (f)*, and  
*Adult Care Regulation section 6.2 (a) (ii) (b)*

I have read the recommended immunization schedule (on the back) and to the best of my knowledge my immunization history is:

Complete     Incomplete

I am aware that I may be asked to remain absent from the facility in the event of a disease outbreak.

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#### Tuberculosis Control Program (Adult Care Only)

I have been screened for and demonstrate evidence of freedom from Tuberculosis and maintain a record for review by the Licensing Officer

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Recommended Immunization Schedule

- 1. Tetanus, Diphtheria: (Td)** Routine childhood series or a basic adult series (2 injections 1 month apart plus a booster 6 – 12 months after 2nd dose). A booster dose should be documented as given in the past 10 years.
- 2. Measles (or MMR):** Two doses of live attenuated vaccine for persons born after 1956, or documented laboratory evidence of immunity.
- 3. Rubella (or MMR):** One dose of live attenuated vaccine or serological test indicating immunity. Women of child-bearing age without children should consult a physician for serological testing.
- 4. Hepatitis B:** Hepatitis B vaccine is recommended for workers in community group homes working with developmentally disabled persons.
- 5. Varicella (Chicken pox):** For health care facility and child care facility workers who have not had chickenpox disease or do not have serological evidence of immunity.
- 6. Annual Influenza** vaccine

Based on *Communicable Disease Control Immunization Program, Section II pages 18-21*

Dear Parents,

As we are a Parent Participation Preschool, each family is required to participate in fundraising. The requirement is a minimum of 20 hours per school year.

Parents are required to write 2 post-dated cheques for \$100.00 each:

1. One for the end of December and one for the end of June
2. Both are due at the orientation meeting in September
3. If you fundraise a minimum of 10 hours from September to December your December cheque will be returned to you
4. The same applies for the period of January to June

The other option is to pay \$200.00 in September and you will be exempt from fundraising for the school year.

\_\_\_\_\_ (Print Parents Name)                      \_\_\_\_\_ (Parents Signature)

\_\_\_\_\_ \_\_\_\_\_ Date:

\_\_\_\_\_ (Print Parents Name)                      \_\_\_\_\_ (Parents Signature)

<p><b><u>For Preschool Only:</u></b></p> <p>Cheque(s) Received: <input type="checkbox"/> Yes</p> <p>Cheque #'s &amp; Amount: _____</p> <p style="text-align: center;">_____</p>
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