SONSHINE PLACE PRESCHOOL

Where the "SON" always shines!!

6550 Sumas Prairie Road, Chilliwack, B.C. V2R 4K1
Phone: 604 823-6364 ext. 105 Fax: 604 823-4855
Email: sonshineps@gmbchurch.ca

2021 – 2022 Registration

Child's Name: _____
(surname) (first name) (middle name)

Name to be used at Preschool, if different from above: _____
(eg Jonathan to Jon / Nicole to Nicki)

___ Male ___ Female Birth Date: _____ Place of Birth _____
(year/month/day) (country /province – if Canada)

Mailing Address: _____
(street) (city) (postal code)

Parent e-mail address: _____ Home Phone #: _____

Father: _____ Mother: _____
(surname) (first name) (surname) (first name)

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

Father's Place of Employment: _____ Work Phone #: _____

Mother's Place of Employment: _____ Work Phone #: _____

Legal Guardian: _____ Work Phone #: _____
(if applicable)

Student resides with: ___ Father & Mother ___ Father* ___ Mother* ___ OR
(at same residence)

Legal Guardian* ___ Language spoken at home: _____

Note: *The Preschool requires a copy of any custodial agreements in effect. In absence of information, both parents will have access to the student and their records.

Other adults living in your home: _____

Brothers and Sisters:

	NAME	BOY/GIRL	BIRTH DATE
1.			
2.			
3.			

Three Persons authorized to pick-up your children from school: These persons must also be willing to be contacted if the parents/guardians are unable to be contacted in the event of an emergency or unexpected illness. They must live in Chilliwack and be readily available.

	NAME	RELATIONSHIP TO CHILD	HOME PHONE	CELL PHONE
1.				
2.				
3.				

Please list any physical restrictions, allergies, or health concerns of the student that the school should be aware of: _____

Doctor: _____ Phone #: _____ Care Card #: _____

Are there any indications that your child may have vision or hearing loss? __ No __ Yes

Has your child received services from the Child Development Centre? If yes, please describe: _____

Is there any other information that would be helpful for us to know eg/ behaviour, speech, special diet? _____

A family phone directory will be prepared by the Preschool and distributed to all Preschool families. May we publish your name, phone number, and address in the Family Phone Directory? ___Yes ___ No

Protecting Your Personal Information:

The personal information on this form is required in order to register your child at Sonshine Place Preschool and assist us in making informed decisions on the suitability and appropriate placement of your child. This information will also allow us to respond immediately to an emergency. We commit to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent, unless permitted under the PIPA (Personal Information Privacy Act) legislation. Sonshine Place Preschool does not sell, lease or trade information about you to other parties.

Your signature:

- Confirms that all information given is accurate.
- Gives consent for your child to participate in all Preschool Field Trips.
- Gives consent to having Sonshine Place Preschool collect, use and disclose the personal information on this form as outlined above.

Parent/Legal Guardian signature: _____ Date: _____

For Office Use Only:
Date received: _____ / Registration fee:___ cash _____chq # / Immunization Record: _____

Sonshine Place Preschool
Emergency Preparedness Policy

Child's Name: _____ Date of Birth: _____
(month/day/year)

Child's Care Card Number: _____ Allergies (life threatening): _____
(use back of sheet to explain in more detail – if necessary)

Home Address: _____
(house # street name city postal code)

Mother's name: _____ Phone #: _____
Cell Phone #: _____ Work Phone #: _____
Father's name: _____ Phone #: _____
Cell Phone #: _____ Work Phone #: _____

In the event of an earthquake or other serious disaster, children would only be released from school property to individuals authorized by parents/guardians. These alternate contacts should be individuals who **MAY** be able to reach the school in the event that parents/guardians can not.

1. Custodial Designate (other than parent/guardian)

Name: _____ Phone #: _____
Address: _____ Cell Phone #: _____

2. Custodial Designate (other than parent/guardian)

Name: _____ Phone #: _____
Address: _____ Cell Phone #: _____

Please list any special needs of the Child (medical or other): _____

Out of City Contact (should it only be possible to telephone outside of Chilliwack or affected areas):
Name: _____ Phone #: _____
Relationship to Child: _____

Parent/Guardian signature: _____ Date: _____

In the event of an emergency/disaster (such as – earthquakes, floods, gas leaks, or fires) Sonshine Place Preschool will take the following steps to ensure each child's safety.

1. In the event that it is no longer safe to remain in the Church building, the preschool staff will direct the children to the Greendale Elementary School premises.
2. If local calls are not connecting due to the emergency/disaster it is thought that long distance calls may still be able to be made. If this is possible your emergency phone contact outside the disaster struck area will be contacted with information regarding your child(ren).
3. A supply of water, granola bars, and blankets are being stored at the preschool in the event that they are needed.

Cherith Rast (for Sonshine Place Preschool)

Sonshine Place Preschool
Emergency Medical Information Form

Child's Name: _____ Date of Birth: _____
(month/day/year)

Child's Care Card Number: _____ Allergies (life threatening): _____
(use space below for more details – if necessary)

Mother's Name: _____ Phone #: _____ Cell Phone #: _____

Father's Name: _____ Phone #: _____ Cell Phone #: _____

Persons to Contact in case of Emergency (other than parents):

1. _____ Phone #: _____ Cell Phone #: _____
2. _____ Phone #: _____ Cell Phone #: _____
3. _____ Phone #: _____ Cell Phone #: _____

It is the policy of Sonshine Place Preschool to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact the parents and we need to get immediate help for your child. Our procedure is to call for an ambulance.

I authorize the staff at the Preschool to call a medical practitioner or ambulance in the case of injury or illness of my child if we, the parent(s), cannot immediately be reached. I hereby give consent for my child, named above, to receive medical attention. I herby grant permission for the staff at Sonshine Place Preschool to administer First Aid Procedures whenever deemed necessary.

Parent's Signature: _____ Date: _____