



Sunshine Place Preschool

REGISTRATION FORM 2023-2024

Please check off CLASS:

<input type="checkbox"/>	3 year old class (2 days) Tuesday & Thursday AM 8:30-11:30AM \$130 per month
<input type="checkbox"/>	4 year old class (3 days) Mon/Wed/Fri AM 8:30-11:30AM \$150 per month

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

Name to be used at Preschool, if different from above: _____

___ Male ___ Female Birth Date: _____ Place of Birth _____
(year/month/day)

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

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

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

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

Student resides with: ___ Father & Mother ___ Father* ___ Mother* OR _____ Legal Guardian*

Note: *The Preschool requires a copy of any custodial agreements in effect.

Language spoken at home: _____

Other adults living in your home: _____

Brothers and Sisters:

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

Home Church: _____

Information about your child:

What are your child's special interests:
What do you hope your child will gain from preschool:
In what kind of situation will your child need the most help:
Has your child had any previous experiences away from home: (ie. Classes, swimming lessons)
Is your child toilet trained?
Does your child have their immunizations up to date?

Complete the following

Has your child been referred to a medical specialist? (eye, hearing, allergies) ___ NO ___ YES What medical information would help us understand your child better:
Does the Fraser Valley Child Development Center have a file on your child? ___ NO ___ YES If yes, please explain:
Has your child received any diagnostic testing? (ex. Autism, speech) ___ NO ___ YES, If yes, please explain:

A family email directory will be prepared by the Preschool and distributed to all Preschool families. This can help with setting up play dates, birthday invitations... May we publish your name and email 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.

Sonshine Place Preschool: Student Emergency Form

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

Child's Care Card Number: _____ **Allergies (life threatening):** _____

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

Family Doctor name and phone number: _____

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

Mother's name: _____ **Phone #:** _____

Employer: _____ **Work Phone #:** _____

Father's name: _____ **Phone #:** _____

Employer: _____ **Work Phone #:** _____

Persons (other than parents) authorized to pick up child from the preschool facility (in the case of emergency or day to day pick ups)

1. **Contact Name:** _____

Phone #: _____ **Relationship:** _____

2. **Contact Name:** _____

Phone #: _____ **Relationship:** _____

3. **Contact Name:** _____

Phone #: _____ **Relationship:** _____

Out of City Contact (should it only be possible to telephone outside of Chilliwack or affected areas in case of an emergency): **Name:** _____ **Phone #:** _____

First Aid: 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 hereby grant permission for the staff at Sonshine Place Preschool to administer First Aid Procedures whenever deemed necessary.

Signature: _____ **Date:** _____

Field Trips: My child has my permission to go on any field trip which has been scheduled by the preschool. I understand that I will be notified in advance of any such trips. If, on the dates of the field trip some circumstances should arise that my child cannot go, I understand that there will be no school that day and I will keep my child at home.

Signature: _____

Immunizations and Health:

- Yes, my child is up to date on childhood immunizations according to their birthdate
- No, immunizations are not up to date

Medical Conditions:

- No medical conditions or allergies
- Yes my child has a medical condition or allergies

Separation and custody:

- This DOES NOT apply to our family
- This DOES apply to our family. (a copy of the separation agreement will need to be in your child's file at school)

Describe your custody arrangement:

To the best of my knowledge all the above information is correct. I will also inform the preschool staff of any changes in the above, such as telephone numbers, address changes, emergency numbers or any other changes.

Parent or Guardian's signature

Date