



# Fernie Creative Minds Preschool

Operated by Fernie Forest School Society  
(Non-profit Society)

---

## 2018 - 2019 Registration Package

This package contains the following

1. Registration Form
2. Parent Contract
3. Illness Policy
4. Permission to Transport to Hospital
5. Permission to take Pictures
6. Medical Care Plan

**This form only needs to be filled out if your child has any Medical concerns that the Preschool needs to be made aware of.**

### Check list for Registration:

\_\_\_\_ Health care number, Doctor's name and phone number

\_\_\_\_ contact number other than you or your spouse

\_\_\_\_ email address printed clearly

\_\_\_\_ copy of immunizations or a signed and dated letter, stating not immunized

\_\_\_\_ **1<sup>st</sup> and 2<sup>nd</sup> class is indicated**

\_\_\_\_ forms signed and dated

\_\_\_\_ 11 post-dated cheques, see **parent contract** for details.

Cheques made out to **Fernie Forest School Society** or **FFSS**

\_\_\_\_ read the Parent Handbook available at [www.creativemindspreschool.ca](http://www.creativemindspreschool.ca)

**Registration cannot take place until we have all "check list" items**



# Fernie Creative Minds Preschool Registration Form



Operated by Fernie Forest School Society  
(Non-profit Society)

[fernieschool@shaw.ca](mailto:fernieschool@shaw.ca)    [www.creativemindspreschool.ca](http://www.creativemindspreschool.ca)    250-423-1144

## 44 Mount Washburn, Fernie

School Year: 2018 - 2019      First day of Class Wednesday Sept 5, 2018

OR \_\_\_\_\_

Class times: Morning 9:00 am until 12:00      Fernie Forest School 9am until 1pm  
Afternoon 12:30 pm until 3:30 pm  
*(Please select 1<sup>st</sup> and 2<sup>nd</sup> choice)*

\_\_\_\_\_ M/W 4 year morning 3 hour program born in 2014      (\$1600 or 10 equal monthly installments of \$160) **4 more hours of preschool**

\_\_\_\_\_ M -Th 3&4 year olds afternoon 3 hour program born in 14/15 (\$2980 or 10 equal monthly installments of \$298) **8 more hours of preschool**

---  
\_\_\_\_\_ T/Th 3 year olds morning 3 hour program born in 2015      (\$1860 or 10 equal monthly installments of \$186) **4 more hours of preschool and 1 more teacher for a total of 3 teachers**

\_\_\_\_\_ Friday 4 year olds morning Fernie Forest School\* born in 2014  
(\$1200 or 10 equal monthly installments of \$120)

\* Inside classroom for temperatures exceeding minus 10, extreme weather or an animal in the area.

**Please note that registration cannot take place without all this information and post dated cheques!**

### **Please Print Clearly**

Child's Name (first, last) \_\_\_\_\_

Child's - height \_\_\_\_\_ weight \_\_\_\_\_ eye color \_\_\_\_\_

Date of Birth (m/d/y) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ (M/F)

Physical and Mailing Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

E-mail address (Please print clearly) \_\_\_\_\_

Babysitter email address (for monthly emails and up-to-date information) \_\_\_\_\_

Emergency Contact numbers: Name \_\_\_\_\_ Phone \_\_\_\_\_  
(other than yourself) Name \_\_\_\_\_ Phone \_\_\_\_\_

Pick- up/Baby sitter's Contact number:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Questions:**

Has your child been to the dentist? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your child had any vision tests? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your child had any hearing tests? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your child had any childhood illnesses? Yes \_\_\_\_\_ (Please list below.) No \_\_\_\_\_  
Illness \_\_\_\_\_  
Illness \_\_\_\_\_

Are the immunizations shots up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is a copy of the immunization information attached or a note dated and signed that you are not immunizing your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your child currently taking any medication? \_\_\_\_\_  
Is your child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_ what is it \_\_\_\_\_  
Is there a Care Plan written up and signed for sensitivities, allergies and/or medications?  
Yes \_\_\_\_\_ No \_\_\_\_\_ See page in registration package  
Are there any special dietary requirements? \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_ B.C. Medical number \_\_\_\_\_

Is there anyone who doesn't have access or custody to your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please provide name and a copy of legal papers.  
Does your child have any siblings? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please include their first name and age.

Is there anything your child is afraid of? Yes \_\_\_\_\_ No \_\_\_\_\_ What is it? \_\_\_\_\_

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

Drop off at school or email this to:  
**Fernie Creative Minds Preschool**  
44 Mount Washburn Street  
(former Max Turyk School)  
[fernieschool@shaw.ca](mailto:fernieschool@shaw.ca)

Please write extra notes here:

---

---

---

---



## Parent Contract

### Fernie Creative Minds Preschool

- **This a 10 month school from September to the end of June unless special arrangements are made prior to their school starting.**
- 11 postdated cheques are required on the day of registration. One dated that day is for \$50. Nonrefundable deposit. September 1st, cheque is \$50 less the regular monthly payment. Oct 1, to June 1 is the regular monthly payment. A onetime full payment is available is with a cheque, cash or internet e- transfer send to ferniepreschool@shaw.ca
- **Fees are calculated on an annual basis and then divided by 10 to determine an average monthly fee since some months have fewer class days than others.**
- Children that are sick should be kept at home for the safety of your child and others.(See illness policy)
- Children must be dropped off and picked up promptly at the beginning and end of class at the classroom. Check parent handbook on late fees.
- Our preschool encourages children to enjoy the whole playing experience. In other words they will get dirty and wet. Please send in a change of clothing so your child can enjoy these experiences. Play clothes only please!
- Children are toilet trained.

**Repayment Agreement: one calendar month's written notice is needed** on the first of the month if for any reason you child needs to with draw from the program and then we will return the unused postdated cheques or cash(if paid by cash)

I agree to the terms of the Parents Contract (Please keep a copy for your records).

Name (please print) \_\_\_\_\_

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



**Fernie Creative Minds Preschool/Fernie Forest School Society**  
**ILLNESS POLICY**

All children are welcome at our school. Some of the children may not have as strong an immune system as your child has.

We want to protect our children from illness. If your child is sick please arrange for them to stay at home where they would be more comfortable.

**Parents must not bring their child to preschool if they have symptoms below:**

- Fever of 100 degrees under the arm.
- Vomiting. Keep your child at home for at least 24 hours **after** vomiting has ended.
- Colds: If your child has a runny nose that is not clear please keep them at home until they are healthy. If your child is sneezing and coughing please keep your child at home until this stage is over to minimize the spread of infection.
- Diarrhea. Keep your child at home for at least 24 hours **after** diarrhea has ended.
- Cold sores or any open sores. They may return after sore is scabbed over.
- Conjunctivitis or pink eye. Your child may return after using an antibiotic for 24 hours.
- Head lice. Your child may return the next day once they have had their scalp and hair treated with a medicated shampoo from the drug store and the eggs have been removed.
- Unexplained skin rash. This should be diagnosed and cleared by a physician before returning to school.

If any other these symptoms present themselves at preschool we will phone you so you can make arrangements for your child to be picked up.

We will keep them as comfortable as possible on the couch in the classroom and monitor their condition and if the symptoms become serious we will call 911. Please have an alternate adult noted on your registration form if you would be unable to pick up your child.

If you are unsure if your child is healthy enough for school, contact your teacher or email me at:

[fernepreschool@shaw.ca](mailto:fernepreschool@shaw.ca)

Any communicable diseases will be posted when we have been notified.

**Medications**

Medication will not be administered, unless in an emergency as in an allergic reaction, because our classes are 3 hours long.

**Epi-pens**

If the parent provides an epi-pen we will keep it in the emergency medical kit. Before administering the pen we would first call 911. Next the pen is checked for child's name, the name of the medication, and compared to the Medication Consent Form and Record Sheet. The pen is then placed on the child's thigh over their clothes except if they are wearing a snowsuit, and administered. Then, the parents are called or their doctor if we cannot get hold of the parents.

Epi-pens are checked every three months or sooner (if medication has changed) to check expiry dates. A Medication Permission form must filled out and signed by the parent or guardian when the epi-pen is first presented to us.

**Please make a copy of this and keep it handy so you are informed**



## Permission to Transport to Hospital

I, \_\_\_\_\_ (parents name) give permission for  
**Fernie Creative Minds Preschool** to transport  
\_\_\_\_\_ (child's name) to a doctor's office or to the hospital in  
an emergency.

Signed \_\_\_\_\_ (parents signature)

Parents name printed \_\_\_\_\_

Date \_\_\_\_\_

---

## Permission to take Pictures

I, \_\_\_\_\_ (parent's name) give permission for  
**Fernie Creative Minds Preschool** to take pictures of  
\_\_\_\_\_ (child's name) to use in the local newspapers, in  
the classroom and at registration fairs.

Signed \_\_\_\_\_ (parents signature)

Parents name printed \_\_\_\_\_

Date \_\_\_\_\_



Fernie Creative Minds Preschool  
Medical Care Plan

Only needs to be filled out if the child has a medical concern that the Preschool needs to be aware of.

Care Plan for \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Health Concern

\_\_\_\_\_

Emergency Name \_\_\_\_\_

Emergency Phone Number number/s \_\_\_\_\_

Symptoms: What do we need to watch for?

\_\_\_\_\_

\_\_\_\_\_

What do you do when this happens?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want us to do the same? Yes \_\_\_\_\_ No \_\_\_\_\_

How life threatening is this condition? (one is lowest, five is call 911)

1 2 3 4 5 \_\_\_\_\_

Is there medication, with the student, for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide step by step instructions on how we should administer it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long will it take for the medication to start working? \_\_\_\_\_

\_\_\_\_\_

Parent Name (please Print) \_\_\_\_\_

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