

Hi Parents!

Please read this letter first for descriptions of the programs.

Every year we try to improve our preschool and teachings. This year is no different! As you know that our teachers are becoming even more qualified by working on receiving the Early Childhood Certificate.

As we continue to offer higher quality staff, healthy snacks, extra curriculum activities and wanting the best for our children this will reflect in our prices.

This year there will be two different options for the 4-5 year olds.

Option 1 4-5 year olds

- The Forest School program option will be 3 mornings a week MWF from 9 am to noon. It is an indoor/ outdoor blend of open ended play base learning.
- Children are provided with regular opportunity to develop friendships, self- confidence and an appreciation towards nature through hands on learning in a natural environment.
- The benefits of the program include:
 - Builds confidence
 - Physical fitness
 - Improved mental health
 - Learning by experience
 - Develops a sense of wonder

Option 2 4-5 year olds

The other option is Either Mon/Wed & Tues/Thurs Afternoons from 12:30 pm until 3:30 pm. This is geared more towards age appropriate development Pre-K program learning.

- The benefits of this program include:
 - Fine motor skills - letters, numbers, printing and crafts etc.
 - Social Learning - friendship skills
 - Physical fitness

There will also be: Tennis, Yoga and Indoor Bike Riding in the gym

30 months to 49 months Program

This Tuesday Thursday class will be from 9am-1130am.

This for our younger students. Children must be 30months on First Day of School.
There will be No Exceptions to age.

This class will look like.....

- Benefits for this program include:
 - More one on one with teacher - Lower Student Teacher ratio
 - Building fine motor development
 - Example:
 - Play dough
 - Paper ripping
 - Building hand muscles
 - Social learning
 - Example:
 - Interactions
 - Group plan
 - Joint playing
 - Basic Daily Routines
 - Encouraged Independence
 - Age appropriate Circle times
 - Example:
 - Shorter times
 - More Visual
- Benefits of this program will also include:
 - Routines
 - Independent Learning
 - Shapes/Colors
 - Name Recognition
 - Crafts geared to their age

All classes will need your child to be "Fully Potty Trained"

What does that look like?

- Your child recognizes the signs (to go to the bathroom)
- Pulls pants up and down unassisted.
- Knows how to wipe unassisted



Fernie Forest School

Formerly Fernie Creative Minds Preschool
(Non - profit Society)

2020 - 2021 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.

7. Media Release
8. Field Trip Permission

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

____ **\$50 registration fee**. (dated for day of registration) September post-dated cheque made out for \$50 less

____ registration forms signed and dated

____ 10 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

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



Fernie Forest School Registration Form 2020-2021

Formerly Fernie Creative Minds Preschool
(Non - profit Society)

fernieschool@gmail.com

www.creativemindsprechool.ca

250-423-1144

44 Mount Washburn, Fernie

First Day of Class Wednesday September 9, 2020 Or _____

_____	4-5 Yrs Born 2016	M/W/F 3 Day	3 hr Morning 9:00 to 12:00	Forest Based Program Forest classroom inside below -15C, inclement weather or animals in area	\$2450 or 10 equal monthly installments of \$245
_____	4-5Yrs Born 2016	M/W _____ Or T/Th _____	3 hr Afternoon 12:30 to 3:30	Traditional Program Please choose the days you want M/W or T/Th	\$2350 10 equal monthly installments of \$235
_____	3 yrs Born 2017	T/Th 2 Day	2.5 hr Morning 9:00 to 11:30	30 to 49 Month Program	\$1700 or 10 equal monthly installments of \$170

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 _____

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

Emergency Contact numbers: Name _____ Phone _____

(other than yourself) Name _____ Phone _____

Pick- up/Babysitter'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 Forest School Society
44 Mount Washburn Street
(former Max Turyk School)
fernieschool@gmail.com

Please write extra notes here:



Parent Contract Fernie Forest School

- **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 full 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 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:

fernieschool@gmail.com Any communicable diseases will be posted when we have been notified.

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.

For germ control at the preschool we ask all children to wash their hands before we eat, after picking their noses, sucking their thumb and using the toilet.

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 Forest School 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 Forest School 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 Forest School
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 _____



Fernie Forest School

Facebook/Social Media Release Form

I, _____, give my permission to Fernie Forest Preschool to post my child's picture on their Facebook Page.

Parents/Guardians signature _____

Parents/Guardians printed name _____

Child's name _____

Date _____

I _____ DO NOT GIVE MY PERMISSION to Fernie Forest School teachers to post photos of my child on their Facebook Page.

Parents/Guardians signature _____

Parents/Guardians printed name _____

Child's name _____

Date _____



Fernie Forest School Field Trip Permission Form

I, _____ hereby give
permission

for my child, _____ to

on

_____.

We will be walking to _____.

In case of an emergency I can be reached by phone
at _____.

By signing this permission form I understand that:

1. My child will be in the direct supervision of an Educator while away from the preschool.
2. In case of emergency or illness during the field trip the preschool staff will phone an ambulance and a staff member will accompany your child to the hospital.
3. I am giving permission for emergency health services to be engaged for my child.

Parent's signature _____ Date _____

Print name _____