**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.

**There are two different options for the 4-5 year olds.**

**Option 1 4-5 year olds**

* The Forest School program option will be 3 afternoons a week MWF from 12:30 pm to 3:30 pm. 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 Pre-K on MWF mornings 9:00 am to 12:00 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

**30 months to 49 months Program**

This Tuesday Thursday class will be from 9:15 am to 11:45 am.

This is for our younger students. Children must be 30 months on First Day of School. There will be No Exception 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:
  + Outlines
  + 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. Social/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**

\_\_\_\_\_\_ E-transfer is available. Sept & June paid up front. **Sept will be $50 less after registration fee is paid**

\_\_\_\_\_ 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2021-2022

Formerly Fernie Creative Minds Preschool

(Non - profit Society)

[kristapreschool160@gmail.com](mailto:kristapreschool160@gmail.com) [www.creativemindspreschool.ca](http://www.creativemindspreschool.ca)

250-423-0407

44 Mount Washburn, Fernie

First Day of Class Wednesday September 8th 2021

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mark Selection | Age | Days | Time | Program Type | Costs |
| \_\_\_\_\_\_\_ | 4-5 Yrs  Born 2017 | M/W/F  3 Day | 3 hr Morning  9:00 to 12:00 | Pre-K  Traditional Program | **$2450** or **10** equal monthly installments of **$245** |
| \_\_\_\_\_\_\_ | 4-5 yrs  Born 2017 | M/W/F | 3 hr Afternoon 12:30 to 3:30 | Forest Based Program  Forest classroom inside below -15C, inclement weather or animals in area | **$2450** or **10** equal monthly installments of **$245** |
|  | 3 yrs  2018 | T/Th  2 Day | 2.5 hr Morning  9:15 to 11:45 |  | **$1800** or **10** equal monthly installments of **$180** |
|  |  |  |  |  |  |

**Please note that registration cannot take place without all this information and post dated cheques or monthly cash or e-transfer schedule arranged!**

**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**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Babysitter/Nanny**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts/Alternate Pick Up (other than yourself)**

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Illness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to anything? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes what is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? Yes\_\_\_\_\_ No\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custody Agreements**

Is there anyone who **Does Not** have access or custody to your child? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please provide name and a copy of legal papers.

**Child Information**

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 \_\_\_\_\_ if yes, What is it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else we should know about your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Drop off at school or email this to:

**Fernie Forest School Society**

44 Mount Washburn Street

(former Max Turyk School)

[kristapreschool160@gmail.com](mailto:kristapreschool160@gmail.com)

Please write extra notes here**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Contract**

* **This a 10 month school from September to the end of June (last day will be posted)**
* 10 postdated cheques are required on the day of registration. $50.00 Nonrefundable deposit is due the day of registration. September 1st, cheque is $50 less the regular monthly payment. Oct 1, to June 1 is the regular monthly payment. Cash/Etransfer payment schedule Sept & June paid upfront Sept is -$50.00. A onetime full payment is available with a cheque, cash or e-transfer send to [kristapeschool160@gmail.com](mailto:kristapeschool160@gmail.com)
* **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:

[kristapreschool160@gmail.com](mailto:kristapreschool160@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 keep this copy 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 attend walks outside the Max Turyk Lot in and around the airport subdivison and over to a local park, James White

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 the emergency contact (noted above) or if needed 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 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(printed)** Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_