



Fernie Creative Minds Preschool Registration Form

fernieschool@shaw.ca

www.creativemindspreschool.ca

250-423-1144

44 Mount Washburn, Fernie

Class times: Morning classes start at 9:05 am until 11:35 am

Afternoon classes start at 12:30pm until 3:00 pm

(Please check one)

_____ T/TH 3 year-old program Morning_____ Afternoon_____

_____ M/W/F 4 year-old program Morning_____ Afternoon_____

School Year: _____ - _____

Fees: 3 year olds \$95/mo - 4 year olds \$115/mo

Payable, with 10 postdated cheques Sept 1 until June 1, to Fernie Creative Minds Preschool.

For more information on programs please see website

Child's Name (last, first,) _____

Date of Birth _____ Age Dec 31 _____ Gender _____

Mailing Address _____

Mother's Full Name _____ Cell Phone _____

Mother's Home Address (if different) _____ Home Phone _____

Mother's Work Address _____ Work Phone _____

Father's Full Name _____ Cell Phone _____

Father's Home Address (if different) _____ Home Phone _____

Father's Work Address _____ Work Phone _____

Primary E-mail address _____

Is there a secondary E-mail Address you would like to share? _____

Emergency Contact numbers: Name _____ Phone _____

Name _____ Phone _____

Pick- up Contact number: Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Alternate adult Pick-up number if your child is sick, if different from the above,

Name _____ Phone _____

Medical Questions

Does child have any physical disabilities? (Please describe.) _____

Speech/Hearing _____

Vision/Other _____

Has child had any vision tests? _____ Date _____

Has your child had any hearing tests? _____ Date _____

Has your child had any childhood illnesses? _____ (Please list below.)

Illness _____ Date _____

Illness _____ Date _____

Illness _____ Date _____

Illness _____ Date _____

Are the immunizations shots up to date? _____

Is your child currently taking any medication? _____

Is your child allergic to anything? _____

Are there any special dietary requirements? _____

Child's Doctor _____ B.C. Medical number _____

Doctor's Phone _____

Doctor's Address _____

Is there anything else we should know about your child? (Afraid of dogs, bugs etc.)

Parent Contract

- 10 postdated cheques required on or before the first day. Dated for Sept 1, Oct 1, June 1....
- 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 kept at home for the safety of your child and others
- Children must be dropped off and picked promptly at the beginning and end of class at the classroom
- Parents agree to the terms of the Parents and Illness Policy Manual available on the website. A Hardcopy is available if needed.

Signature: _____ Date: _____

Mail or email this to:

Fernie Creative Minds Preschool
Box 6086, Fernie BC, V0B 1M6
fernieschool@shaw.ca

For Registrar's use only
Date Received: