



# Fernie Creative Minds Preschool Registration Form

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

[www.creativemindspreschool.ca](http://www.creativemindspreschool.ca)

250-423-1144

44 Mount Washburn, Fernie

**Class times: Morning classes start at 9:00 am until 11:30 am**

**Afternoon classes start at 12:50 pm until 3:20 pm**

*(Please check one)*

\_\_\_\_\_ T/TH 3 year-old 2 afternoon program

\_\_\_\_\_ M/W/F 3 and 4 year-old 3 afternoon program

\_\_\_\_\_ M - F 4 year old 5 morning program

**School Year:** \_\_\_\_\_ - \_\_\_\_\_

**Fees: 3 year olds - 2 afternoons \$100/mo**

**3 and 4 year olds mixed class- 3 afternoons \$120/mo**

**4 year olds - 5 mornings \$220/mo**

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

**Registration Date (First Day of Classes)** \_\_\_\_\_

## Please Print Clearly

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

Date of Birth \_\_\_\_\_ Age Dec 31 \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical 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 \_\_\_\_\_

(other than yourself) 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:

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 your child currently taking any medication? \_\_\_\_\_

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

Are there any special dietary requirements? \_\_\_\_\_

Child's Doctor

Doctor's Phone

B.C. Medical number

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
- Agree to the terms of the Parents Contract and Illness Policy Manual included in this package.

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

Drop off at school or Mail or email this to:

**Fernie Creative Minds Preschool**  
Box 6086, Fernie BC, V0B 1M6  
[fernieschool@shaw.ca](mailto:fernieschool@shaw.ca)

For Registrar's use only  
Date Received: