

# GOLDEN EARS PRESCHOOL ASSOCIATION

## 2018 PRESCHOOL REGISTRATION PACKAGE

1) Complete the following FIVE forms.

- Confidential information Profile Form
- Consent Form
- Membership application form
- Volunteer Committee Questionnaire
- Withdrawal From Programs

2) Enclose a non-refundable \$50.00 Registration Fee(\$35)/Membership Fee (\$15)(cheque or cash)

3) Enclose applicable programs fees.

Two day Program 3hr class ~ Tuesday/Thursday AM/PM ~ **\$155.00/month**

Three day Program 2.5hr class ~ Monday/Wednesday/Friday AM ~ **\$168.00/month**

Three day Program 3hr class ~ Monday/Wednesday/Friday PM ~ **\$200.00/month**

### Payment Options for Program Fees:

Full payment ~ 1 post-dated cheque (**Dated Aug 1<sup>st</sup>**) provided at time of registration / Credit Card / Automatic Withdrawal

or

Monthly payment ~ 10 post-dated cheques provided at time of registration / Credit card / Automatic Withdrawal

- Cheques must be dated the first of the month **August through May**
- Cheques are payable to **G.E.P.A.**
- If you wish to pay by credit card or automatic withdrawal please complete the authorization form

Please note: There is a \$20 service charge on all NSF Cheques or Insufficient Funds

### ~ In accordance with Preschool Policy ~

One month's written notice must be provided in order to withdraw

Please ensure you have birth certificate and immunization records of the registering child upon registration. Up-to-date records are required to enroll a child in the preschool. Please note that all children must be toilet trained before the start of preschool and must be a minimum of 32 months.

GOLDEN EARS PRESCHOOL ASSOCIATION  
11925 HANEY PLACE  
MAPLE RIDGE, BC V2X 6G2  
Office: (604) 463-4652  
Email: [goldenearspreschool@shaw.ca](mailto:goldenearspreschool@shaw.ca)

# GOLDEN EARS PRESCHOOL ASSOCIATION

## CONFIDENTIAL INFORMATION PROFILE

PROGRAM PREFERENCE			
2.5 HRS - MON/WED/FRI AM	<input type="checkbox"/>	3 HRS - MON/WED/FRI PM	<input type="checkbox"/>
		3 HRS - TUES/THURS AM	<input type="checkbox"/>

PERSONAL INFORMATION	
LAST NAME:	FIRST NAME:
DATE OF BIRTH (MM/DD/YYYY):	GENDER:

PARENT/GUARDIAN INFORMATION		
LAST NAME:	FIRST NAME:	
ADDRESS:		
HOME PHONE:	CELL:	WORK:
EMPLOYER:		
LAST NAME:	FIRST NAME:	
ADDRESS:		
HOME PHONE:	CELL:	HOME PHONE:
EMPLOYER:		

EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)		
**Please make this person aware they are named as the Emergency Contact** **This person should reside in Maple Ridge and know the location of the preschool**		
LAST NAME:	FIRST NAME:	
HOME PHONE:	CELL:	WORK:
RELATIONSHIP TO CHILD:		

PERSONS AUTHORIZED TO REMOVE THE CHILD FROM THE PRESCHOOL (MIN OF 16 YRS OF AGE)		
(Please include family and friends, etc.)		
FULL NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

NAME(S) OF PERSON(S), IF ANY, WHO ARE <i>NOT LEGALLY PERMITTED</i> TO PICK UP THE CHILD	
LAST NAME:	FIRST NAME:
LAST NAME:	FIRST NAME:

CUSTODY AGREEMENT
Please supply a copy of the custody order to Golden Ears Preschool.

<b>HEALTH PROFILE</b>	
Medical Plan Number (Care Card):	
Family Doctor:	Phone:
List any specific physical, emotional, or medical conditions/disabilities (i.e. allergies, diabetes, epilepsy, asthma, communicable diseases, ADHD, etc.)	
List any medications and/or therapeutic diets prescribed by a physician.	
Does the child have any vision or hearing problems? <b>YES / NO</b> If yes, please provide details:	

<b>IMMUNIZATION RECORD</b>		
AGE	VACCINE	DATE
2 MONTHS	DTaP/Polio/Hib/Pneumoccal/Meningococcal/Hep B	
4 MONTHS	DTaP/Polio/Hib/Pneumoccal/Hep B	
6 MONTHS	DTaP/Polio/Hib/Pneumoccal/Hep B/Influenza	
12 MONTHS	Chicken Pox (Varicella)/MMR/Meningococcal	
18 MONTHS	DTaP/Polio/Hib/Pneumoccal/MMR/Chicken Pox	
4-6 YEARS	DTaP/Polio/MMR/Chicken Pox	

<b>ADDITIONAL REGISTRATION INFORMATION</b>	
What languages are spoken at home?	
Are there specific religious or ethnic observations we should be aware of?	
Are you receiving government subsidy for your child? <b>YES / NO</b> If yes, please state:	
Ministry of Human Resources office:	Phone:

<b>NAME &amp; RELATIONSHIP OF OTHER CHILDREN IN THE HOME</b>		
Full Name	Relationship to Child	Age

<b>CHILDRENS INTERESTS/ACTIVITIES</b>	
WHAT IS/ARE YOUR CHILD FAVOURITE TOYS/ACTIVITIES:	
HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCES?      YES/NO IF YES, HOW DID THEY ADAPT?	
HOW DOES YOUR CHILD BEHAVE TOWARDS OTHER CHILDREN(E.G: SEEKS OTHERS OUT, FEELS SHY)	

<b>EMOTIONAL</b>
HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE/PLACES:
DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE:
WHAT SUGGESTION DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD 'S TRANSITION EASIER

<b>REGISTERING PARENT</b>	
Surname:	Given Name:
Signature	

OFFICE USE ONLY	
REGISTRATION FEE <input type="checkbox"/>	MEMBERSHIP FEE <input type="checkbox"/>
PROGRAM FEES <input type="checkbox"/>	CHEQ DETAILS <b>10 Post Dated / 1 Post Dated (Aug 1<sup>st</sup>)</b>
CREDIT CARD <b>Full Payment / Monthly</b>	AUTO WITHDRAWAL <b>Full payment / Monthly</b>
DATE CONFIRMED <input type="checkbox"/>	
PROGRAM START DATE <input type="checkbox"/>	PROGRAM END DATE

# GOLDEN EARS PRESCHOOL ASSOCIATION

## CONSENT FORM

I, (name of parent/guardian) \_\_\_\_\_, do hereby agree to each of the following:

1. To indemnify and hold the Golden Ears Preschool Association harmless from and against any and all liability for injury which may be suffered by my child, \_\_\_\_\_, arising out of or in any way connected with his/her participation in a registered program; and
2. To allow the staff of the Golden Ears Preschool Association to call a physician or ambulance in the event of sudden accident or illness of my child, \_\_\_\_\_, requiring immediate attention and where the parent/guardian cannot be immediately reached. Any and all costs incurred for such services will be the sole responsibility of the parent/guardian; and
3. To permit my child, \_\_\_\_\_, to go on excursions, either by walking or by public transportation, from the centre. All excursions will be carefully pre-planned and adequately supervised. Notice will be given prior to an excursion taking place, with the exception of group walks in the immediate neighbourhood of the centre; and
4. To give my permission for my child, \_\_\_\_\_, to be photographed during the time he/she is involved in the centre. Permission is granted based on the assumption there will be no commercial use without further written consent.

This consent is inclusive for all registered programs with the Golden Ears Preschool Association.

**I have read all the literature given to me and understand and agree to comply with the school regulations.**

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_  
(please print)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# GOLDEN EARS PRESCHOOL ASSOCIATION

## VOLUNTEER QUESTIONNAIRE

A great way to be involved in the preschool and get to know the teachers better is to volunteer to assist the preschool with selected tasks and responsibilities. If you have any questions or need clarification about a task or responsibility, please feel free to contact a teacher or board member. **Please complete this questionnaire and return it to the teachers even if you are unable to assist.**

**Keep in mind:**

You are NOT obligated to provide assistance each time you are contacted; however we do appreciate any amount you are able to assist. It may not be necessary to request your assistance for ALL tasks for which you indicate interest. Every effort is made to distribute tasks and responsibilities evenly to all volunteers.

PARENT/GUARDIAN	Surname:		Given name:				
	Home phone:		Cell:		Work:		
CHILD	Surname:		Given name:				
	Mon/Wed/Fri AM	<input type="checkbox"/>	Mon/Wed/Fri PM	<input type="checkbox"/>	Tues/Thurs AM	<input type="checkbox"/>	Tues/Thurs PM
CHILD	Surname:		Given name:				
	Mon/Wed/Fri AM	<input type="checkbox"/>	Mon/Wed/Fri PM	<input type="checkbox"/>	Tues/Thurs AM	<input type="checkbox"/>	Tues/Thurs PM

**Material Preparation** .....YES NO  
 (precutting of art materials, etc.; can be completed at preschool or at home)

**Laundry** .....YES NO  
 (washing of towels, wash cloths, art smocks and/or dress up clothes; to be done at home)

**Play dough** .....YES NO  
 (may be done at home or in the preschool)

**End of year clean-up** .....YES NO  
 (moving furniture and clean-up of the preschool (done every December & June)

**Fundraising** .....YES NO  
 (planning, and assisting the Fundraising Coordinator with the implementation of fundraisers)  
 For more information, please e-mail the fundraising Chairperson at: [goldenears\\_fundraising@yahoo.ca](mailto:goldenears_fundraising@yahoo.ca)

**Board Member** .....YES NO  
 (to assist in the operation of the preschool)

**Additional Assistance:**

If you believe you are able to volunteer your assistance in another area not mentioned above, please feel free to write your idea(s) in the space below. We appreciate your input. Thank you!

---



---



---

## WITHDRAWAL FROM PROGRAMS

Refund of program fees will only be granted if a written request is received. No phone calls or verbal cancellations will be accepted. **One full calendar month's written notice is due**, or one calendar month's fees will be charged.

Mail your written program withdrawal request including your current mailing address and child's name to:

Golden Ears Preschool Association  
11925 Haney Place  
Maple Ridge, BC V2X 6G2

Refund requests will not be permitted for:

- Partial months
- The single months of June and December
- Absenteeism

Refund requests during the summer months are to be postmarked by July 31, in order to receive a full program refund.

### Special Considerations

We encourage our families to contact us if they have any concerns or requests.

Golden Ears Preschool Association  
11925 Haney Place  
Maple Ridge, BC V2X 6G2

Office: (604) 463-4652

Fax: (604) 463-4727

Email: [goldenearspreschool@shaw.ca](mailto:goldenearspreschool@shaw.ca)

### Association (Preschool) Initiated Withdrawal

From time to time, without prejudice, there may be a need to withdraw a child from the program. This could come from the child's developmental readiness, or social interaction, a separation problem, or a special need, etc. In such circumstances, other child care programs may be recommended to best serve the child's needs and the needs of the family. In such cases, the teachers should:

- 1) Discuss the problem with the parents.
- 2) Call in Health Care professionals if appropriate.
- 3) Discuss alternate programs available.
- 4) Child is withdrawn immediately or one month's notice at the teacher's discretion.
- 5) Notify the Board of Director's and Bookkeeper of actions taken.

By signing I acknowledge that I have read and understood the Withdrawal Policy stated above.

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_  
(please print)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# GOLDEN EARS PRESCHOOL ASSOCIATION

SOCIETY #S-23647

## MEMBERSHIP APPLICATION FORM

The Golden Ears Preschool Assoc. is a registered non-profit reporting society (Inc 1998). Membership in the society is open to all persons. In order to register for preschool, it is required that you become a member of the society. Please complete the following form at time of registration. Please note that your membership fee and registration fee are **non-refundable**. Should you decide to withdraw your child you must give 30 days' written notice. All children must be toilet trained before the first day of preschool

### MEMBER/PARENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

### CHILD'S INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ SEX: (PLEASE CIRCLE) MALE/FEMALE

### PROGRAM PREFERENCE

Mon/Wed/Fri AM

Mon/Weds/Fri PM

Tues/Thurs AM

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ELECTRONIC COMMUNICATION CONSENT

I give consent to Golden Ears Preschool Association and its Board of Directors to send communication electronically. The communication will include newsletters, calendars, fundraising information, and important notices.

Full Name:

Email address:

Full Name:

Email address:

Signature

Office Use Only:

Cash

Post-dated checks

Visa/MC

P/A Payment