

# Daisy Academy - Montessori Preschool

8886 Hudson St, Vancouver, BC 604-263-0207 or 778-322-4305

## Registration Form

### Preferred Class

AM session 8:45 - 11:30

PM session 12:15 - 3:00

Kindergarten 8:45 - 3:00

Starting Date: \_\_\_\_\_

### CHILD INFORMATION

Given Name	Surname
Name the Child responds to:	
Address	Date of Birth
First Language	Sex: M <input type="checkbox"/> F <input type="checkbox"/>

### PARENTS/GUARDIANS INFORMATION

<b>Father's Name</b>	Home Phone #
Occupation	Cell Phone #
Address	Work Phone #
Email	

<b>Mother's Name</b>	Home Phone #
Occupation	Cell Phone #
Address	Work Phone #
Email	

If there is a custody agreement, please give details and attach copy:

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**PERSONS AUTHORIZED TO PICK UP THE CHILD AND BE CONTACTED  
IN CASE OF EMERGENCY (include mother/father/guardian)**

Name	Phone numbers (cell and home)	Relationship to the child

**If appropriate, list an English speaking contact:**

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**SOCIAL INFORMATION**

Names and birth dates of other children living at the same household

Has the child previously attended any daycare/preschool?    YES     NO

Name of facility (if answered yes):

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## HEALTH INFORMATION

What words/terms does your child use for toileting?

### Does your child

have allergies or asthma? YES  NO  have difficulty hearing? YES  NO

require special diet? YES  NO  have difficulty with vision? YES  NO

take medications routinely? YES  NO  have speech concerns? YES  NO

If answered YES to any of the above, please specify/comment.

## CARE PROVIDERS INFORMATION

DOCTOR

DENTIST

	DOCTOR	DENTIST
Name		
Address		
Phone #		

CARE CARD NUMBER:

Immunization record completed and attached.

This health information is to be made available to the staff of Vancouver Coastal Health.  
I hereby give my consent for my child to be involved in drop-in visits by Vancouver Coastal Health staff.  
I hereby certify that this information is complete and accurate to the best of my knowledge.

Information provided by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Information received by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

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

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## IMMUNIZATION INFORMATION

Child's Name

Parent's Name

My child's immunizations are up to date and I will obtain copies of these records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My child has not had any immunizations and I am aware that he/she may be asked to remain at home should any sickness requiring immunizations occur in the class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## RELEASE FORM

Child's Name
Parent's Name

### PERMISSION FOR PICTURE TAKING

I hereby give my permission to the care provider(s) of Daisy Academy Montessori Prechool to have pictures taken of my child for general record keeping and use by the facility, for annual class photos and on special occasions such as field trips.

### PERMISSION FOR EMERGENCY MEDICAL AID IN CASE OF ACCIDENT OR INJURY

I hereby give my permission to the care provider(s) of Daisy Academy Montessori Prechool to call a physician or ambulance in the case of accident or illness of my child when I cannot be immediately reached.

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Signature

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Date

## Daisy Academy – Montessori Preschool

### ENROLLMENT AGREEMENT

1. Children must be delivered to the teacher by the adult who brought the child to school. Children cannot be picked up without the teacher knowing that they are leaving. Good-byes need to be said with everyone being clear where the children are.
2. Parents are automatically authorized to pick up their child along with anyone who has been listed by the parents on the registration form provided. Children WILL NOT be released to anyone other than those authorized to do so.
3. In the case of emergency, illness or accident, the child may be hospitalized and/or cared for by ambulance attendants. The staff will make all reasonable efforts to contact the parents and/or emergency contacts.
4. If a child needs to have any medication administered, the medication should be given directly to the teacher along with written instruction. The medication must not be sent in the care of the child.
5. Children should be kept at home if there is any question of illness and the school should be notified of the nature of the illness. You may be requested by the teachers to keep your child at home due to illness. If so you will willingly comply with the teachers request.
6. Parents are responsible for keeping the school informed of any changes in address, phone numbers, emergency contacts and people authorized for picking up the child.
7. Children should be dropped off and picked up ON TIME. Arrival 5 minutes before the scheduled starting time or pick up time is the best policy.
8. A decision may be made by the school to request that the parent withdraw his/her child due to a lack of readiness on the child's part to be in the classroom or due to concerns about the negative impact of the child's behavior. When behavior has become a problem to the extent that it is impeding the child's progress and the child is requiring an unhealthy amount of the teacher's time and energy or that the class as a whole is suffering as a result of the child's presence, a decision to request withdrawal will be made. This would only take place after these steps had been taken:
  - Consultations will have taken place between the teachers and the child, teachers and the parents, teachers and the principal and between the parents and the principal. The child will have been involved where appropriate in these consultations. Concerns and notable incidents will have been documented and made available for conferences.
  - Efforts to deal with the concerns will have been made within the school itself but if in joint discussion it is decided that outside help would be advisable that these contact will have been made.
  - If the final decision is that the child needs to be withdrawn all cheques for fees for upcoming months will be returned. Cheques for the month in progress will NOT be refunded.

9. A fee of \$100.00 is paid at the time of registration. This fee is paid one time only and is not refundable for any reason at any time.
10. Tuition payment can be paid in full or by a series of 9 post dated cheques, dated for the 1st of each month starting from the month of enrollment plus deposit in the amount of one month tuition – this will be applied to the annual tuition as a payment for the remaining 10th month.
11. Parents can withdraw a student from the Daisy Academy at any time, however we require one month's written notice - from the 1st of the month or the deposit will not be refunded. In the event that a child is withdrawn less than 3 months prior to the end of the school year, tuition fees shall be paid to the end of the school year. Notice to withdraw a child must be given no later than March 1st, or tuition must be paid to the end of the school year. Because the school is closed for summer vacation, notice must be given by June 30th for the withdrawal of a student enrolled for September or refund is forfeited. Remaining tuition cheques will be returned to you.
12. I, ..... have read and understand the Daisy Academy Montessori Preschool's Enrollment Form and agree to abide by the terms and conditions outlined in this agreement form.

SIGNATURE

DATE