

## Little Bright Minds Preschool Registration Process:

In order to complete your child's admission to preschool the following must be submitted:

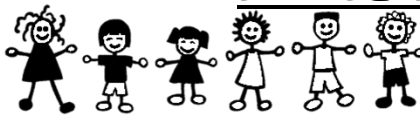
- Complete the Registration package
- Provide a copy of child's Immunization records
- Provide a wallet size photo of child
- Non-refundable registration fee of \$100
- Monthly fees for the month of enrollment at the time of registration
- Payment Method for Fees to be made by Cheques, Etransfer, Cash.

Once all required paperwork and all required fees have been submitted, then we can reserve a spot for your child.

Make Cheques payable to Little Bright Minds Preschool Ltd.

THANK YOU

# LITTLE BRIGHT MINDS PRESCHOOL LTD



## REGISTRATION FORM



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

A spot will be held for your child when all forms, cheques and required information have been received. \*All NSF cheques are charged at \$25.00. There will be no refunds for the month of June; all other cancellations require a 30-day written notice. If no written notice is given, you will be charged for that month. Full fees are charged for the month of December and March even though we are only open for two weeks in both of those months. The fees have been pro-rated for the whole year. Please understand that accidents will occur and children might get hurt. Should ambulatory or special medical care be required, any incurred costs will be the responsibility of the parents, Parent initial: \_\_\_\_\_ I have read and understand the Parent Handbook Policies and Procedures. Please sign below to show that you understand all the policies of Little Bright Minds Preschool Ltd.

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

CHILD'S INFORMATION		
Surname:		Given Name:
Male:	Female:	
DATE OF BIRTH		
Month:	Day:	Year:
Address:		
Postal Code:		City:
Home Phone #:		
PARENT'S INFORMATION:		
Mother's Name:		
Work #:	Cell #:	
Emails:		
Father's Name:		
Work #:	Cell #:	
Emails:		

# LITTLE BRIGHT MINDS PRESCHOOL HEALTH INFORMATION

Siblings' (Names & Ages):

Do you have any pets? (Name & Type):

## ALLERGIES

Does your child have any allergies? Yes: No:  
If yes, list:

Requires an Epi-Pen? Yes: No:

Medication Form Completed:

## IMMUNIZATIONS

Has your child had **all** their immunizations? Yes: No:

If no, which ones (if any) have they had?

**\*\*PLEASE PROVIDE A PHOTOCOPY OF YOUR CHILD'S  
IMMUNIZATION RECORDS\*\***

Does your child have any of the following, if so please list?

Development Delays:

Physical Problems:

Speech Delays:

Has your child been diagnosed with autism spectrum disorder? Yes/No

Has your child had any of the following: (please give date, if possible)

Measles:

Rubella:

Chicken Pox:

Whooping Cough:

Mumps:

Ear Infections:

Child's Doctor's Name:	Doctor's #:
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BC Health Care Card #:
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<b>TOILETING</b>
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Is your child toilet trained?	Yes:	No:
If yes, at what age toileting began:		

Independent?	Yes:	No:
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Needs reminders to use the toilet?	Yes:	No:
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Any other help needed? Explain:
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## FURTHER INFORMATION

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### EMERGENCY CONTACT: (OTHER THEN PARENTS)

Name:

Relationship to child:

Phone #:

### PERSONS AUTHORIZED TO PICK-UP CHILD FROM SCHOOL (Other then parents)

Name:

Phone #:

Relation:

Name:

Phone #:

Relation:

Name:

Phone #:

Relation:

### CUSTODY AGREEMENTS

Are there any parental access restrictions?

Yes:

No:

If yes, please elaborate:

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## PROGRAM INFORMATION

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### FIVE DAY PROGRAM

**Monday – Friday**

AM (9am to 12pm):

Fee: \$525per month (\$95 Fee Initiative) Parent pay \$430

### THREE DAY PROGRAM

**Monday, Wednesday and Friday**

AM (9am to 12pm):

Fee: \$380per month (\$57 Fee Initiative) Parent pay \$323

### TWO DAY PROGRAM

**Tuesday and Thursday**

AM (9am to 12pm):

Fee: \$340 per month (\$38 Fee Initiative) Parent pay \$302

## CHILD'S EMERGENCY INFORMATION

Full Name:		Child's Picture:
Male:	Female:	
Date of Birth:		
Address:		
Postal Code:		
Home Phone #:		

## PARENT'S INFORMATION:

Mother's Name:	
Work #:	Cell #:
Father's Name:	
Work #:	Cell #:

## EMERGENCY CONTACT INFORMATION:

Name:	
Work #:	Cell #:

## HEALTH INFORMATION

Doctor's Name:	Number:
Care Card Number:	

## CONSENT FORM

It is the policy of Little Bright Minds Preschool Ltd. to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. This form will be given to the emergency services. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so. I give consent for my child to receive medical treatment.

Print Name:	Date:
Signature:	

*NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation. All information is kept strictly confidential.*

**LITTLE BRIGHT MINDS PRESCHOOL LTD  
PICTURE CONSENT FORM**

Please sign the statement that is applicable to your child:

Name of Child: \_\_\_\_\_

I hereby give my permission for Little Bright Minds Preschool to take pictures of my child for educational purposes relating to Little Bright Minds Preschool. I understand that Little Bright Minds Preschool will not publish my child's name with his/her photo.

Parent/Guardian Signature: \_\_\_\_\_

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

I **DO NOT** give my permission for Little Bright Minds Preschool to take picture of my child for educational purposes relating to Little Bright Minds Preschool.

Parent/Guardian Signature: \_\_\_\_\_

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

# First Day of School

## Little Bright Minds Preschool

### Opening Letter



Welcome to Little Bright Minds Preschool! The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. For many children this may be their first experience of separation from parents or care givers at home. It is common for even the most outgoing child to be anxious the first day of school. We have provided a few suggestions for assisting your child during this time. Remember the preschool staff will be available to provide support and assistance; making your child's first school days happy days.

- Prepare your child for the new school experience by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will add predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to school. This item may be a treasured blankie or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child you are leaving in 3 minutes, a kiss and hug, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with "Ok just one more kiss, and then I really have to go." tends to heighten anxiety rather than relieve it.

Again, please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!