

Little Bright Minds Schoolage Registration Process:

In order to complete your child's admission to Group Child Care school age please bring in the following:

- ☐ 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 paper work and all required fees have been submitted, then we can reserve a spot for your child.

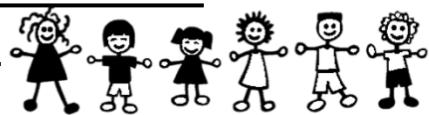
Make Cheques payable to Little Bright Minds Preschool Ltd.

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. 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 #:
BC Health Care Card #:	

Additional Child Information

FURTHER INFORMATION

EMERGENCY CONTACT: (OTHERS 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: Provide custody papers.		

FEES			
Full Time Before/after	Costs	Ministry Grants	Parent Fees
Kindergarten student	\$550/month	\$320/month	\$230/month
Grade 1 to 12 years of age	\$500/month	\$115/month	\$385/month
Non- Instructional Day	\$40/day	NA	\$40/day
Spring Break (Kindergarten)	\$40/day	NA	\$40/day
Spring Break (Grade 1 to 12 yearsof age	\$40/day	NA	\$40/day
July	\$800/month	NA	\$800/month

Fees are for full-time registration as outlined above. There is no discount or repayment for part-time attendance, including absences due to illness or unexpected program closures. Fees are the same for each month September to June, regardless of statutory holidays, school breaks and professional development days. Fees are based on the average number of in session days/month in a school year. Enrolment begins the first of the month. No mid-month or partial-month enrolments will be accepted. Professional development days, Winter Break, and Spring Break is \$40 per day on top of the monthly fee 10 children must be enrolled to run the program.

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 FOR SCHOOL AGE

Please sign the statement that is applicable to your child:

Name of Child: _____

I hereby give my permission for Little Bright Minds School Age 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 School Age to take picture of my child for educational purposes relating to Little Bright Minds Preschool.

Parent/Guardian Signature: _____

Date: _____

