



2023-24 PRE-SCHOOL APPLICATION

FEES AND HOURS [RETAIN THIS PAGE FOR YOUR RECORDS]

PROGRAM	DAYS/TIME	CHILD'S AGE	PRICE/MONTH
2-DAY MORNING (6 HRS/WEEK)	TUES/THURS 8:45 – 11:45	3 YEARS OLD	\$180
3-DAY MORNING (9 HRS/WEEK)	MON/WED/FRI 8:45 – 11:45	4 YEARS OLD	\$250
3-DAY AFTERNOON (7 HRS/WEEK)	MON/WED/FRI 12:30-3:00 (M/F) 12:30-2:30 (W)	3&4 YEARS OLD	\$195

PAYMENT OPTIONS

- **Post-dated cheques payable to PRECIOUS BLOOD PARISH** dated the first of the month for October 2023 to June 2024.
 - **September tuition plus \$75.00** Workbook & Materials fee dated July 1, 2023.
- **CREDIT CARD** with surcharge of \$5.00 per month. Please email office@pbparish.ca or call 604-574-4363 to request a Credit Card Authorization Form.
- **E-transfer scheduled for July 1, 2023, for September Tuition & Workbook Fee and the 1st of each month for Oct to Jun Tuition** - must present proof of scheduled payment

A Withdrawal fee of \$50 is charged if child is withdrawn with less than 30 days written notice.

Parent Meeting:

A teacher/parent orientation meeting will be held in May 2023 TBD. Parents will be notified of the date and time of the orientation by email. At least one parent **MUST** attend this meeting; children are **NOT** to be present.

For questions, Contact Mrs. Angela at weesaintspreschool@gmail.com .

Application checklist: PLEASE USE THIS TO ENSURE YOUR APPLICATION IS COMPLETE.

Incomplete applications will NOT be processed. The following requirements **must** be submitted with this application for processing:

- \$50.00 Application Fee upon submission of application form
- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Immunization Record
- Medical/Emergency Form
- Emergency Tag
- Tuition payment from October 2023 to June 2024
 - PDC
 - CC
 - E-transfer
- September Tuition plus \$75.00 for Workbook & materials dated July 1, 2023

WEE SAINTS PRESCHOOL CONTACTS:

Mrs. Angela Williams, Teacher – 604-574-5151 / weesaintspreschool@gmail.com

Rosana Ruiz, Admin. Assistant – 604-574-4363 / office@pbparish.ca



2023-24 PRE-SCHOOL APPLICATION

THIS PAGE IS BLANK ON PURPOSE



2023-24 PRE-SCHOOL APPLICATION

PLEASE INDICATE SESSION DESIRED:

PLS <input type="checkbox"/> <input checked="" type="checkbox"/>	TIME OF DAY	DAYS OF THE WEEK	CHILD'S AGE
<input type="checkbox"/>	MORNING	TUES & THURS (2 DAYS)	3
<input type="checkbox"/>	MORNING	MON/WED/FRI (3 DAYS)	4
<input type="checkbox"/>	AFTERNOON	MON/WED/FRI (3 DAYS)	4

5-day alternative available. Pls. communicate with Preschool Teacher.

\$50.00 per family non-refundable application fee is due at the time of application

Please complete the following information as per Child's Birth Certificate

Office Use Only:

Date Rec'd:

Start Date

Reg. Fee Received:

PDCs Received:

Wkbk Fee Received:

Form Complete:

Copy Made: _____

CHILD'S LEGAL FAMILY NAME

CHILD'S LEGAL FIRST NAME

CHILD'S LEGAL MIDDLE NAMES

USUAL FIRST NAME (Name(s) you would like us to use)

CHILD'S DATE OF BIRTH / / PLACE OF BIRTH SEX
Day Month Year

ADDRESS POSTAL CODE /

CELLULAR (Mother) - - CELLULAR (Father) - -

CITIZENSHIP: Canadian, Landed Immigrant, Other

Language used at home:

CHILD'S RELIGION DATE OF BAPTISM / /

NAME OF CHURCH

Applicants are to present copies of the following: (if previously submitted, note "on file")

- ❖ Birth Certificate
- ❖ Baptismal Certificate
- ❖ Citizenship (If no Canadian birth certificate)
- ❖ Immunizations



2023-24 PRE-SCHOOL APPLICATION

Person(s) other than parents authorized to pick up child from this facility:

NAME	RELATION	PHONE 1	PHONE 2
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

PARENT INFORMATION: (Information gathered on this form will only be used to determine resources within our School community that are available and to better assist us in the Catholic Education of your child) per Privacy Policy.

FATHER'S INFORMATION	MOTHER'S INFORMATION
NAME: <input type="text"/>	NAME: <input type="text"/>
OCCUPATION: <input type="text"/>	OCCUPATION: <input type="text"/>
PLACE OF WORK: <input type="text"/>	PLACE OF WORK: <input type="text"/>
WORK PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/>	WORK PHONE: <input type="text"/> - <input type="text"/> - <input type="text"/>
PLACE OF BIRTH: <input type="text"/>	PLACE OF BIRTH: <input type="text"/>
CITIZENSHIP: <input type="text"/>	CITIZENSHIP: <input type="text"/>

EMAIL ADDRESS: **ALTERNATE EMAIL:**

(To be used for notices, newsletters, communication, etc.)

SCHOOL PRIVACY INFORMATION: I consent to having **photographs and work samples of my child** used by Wee Saints Preschool, at Precious Blood Parish, **in the classroom and in other areas within Cloverdale Catholic School.**

Signature Date / /

I consent to having **photographs and work samples of my child** used on the website and year-end slide show of Wee Saints Preschool and Cloverdale Catholic School. (Children's full names and family information will **NOT** be posted on the website.)

Signature Date / /

I consent to having **your name, phone number and email address sent out on a preschooler/parent list** to assist with arranging birthdays, play dates etc.

Signature Date / /

CHURCH REGISTERED AT: How long?



2023-24 PRE-SCHOOL APPLICATION

MEDICAL FORM

Child's Name	Birthdate (mm/day/yr)	Personal Health #
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Immunization History	Dates of Immunization (dd/mm/yy)				
Diphtheria/Pertussis/Tetanus/Polio/HIB	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Measles/Mumps/Rubella	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Men C/Pneumo/Varicella/Hep B	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Sibling Names	Ages
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

Type of Pet	Name
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

HEALTH POLICY:

Children should not be sent to preschool if any of the following conditions are present: Vomiting, Diarrhea, Fever, Severe Cold or Cough, Conjunctivitis, or any other contagious diseases. Please advise us immediately about contagious conditions, ie lice, scabies, hepatitis, chicken pox, measles, etc.

Medication will not be administered at school unless it is prescribed by a physician and a medication form filled out by the parent. This includes Tylenol, lozenges, cough syrup, etc.

In case of emergency concerning your child, you will be called immediately. If you cannot be reached, the emergency contact person will be called.



2023-24 PRE-SCHOOL APPLICATION

EMERGENCY CONTACT IN CASE OF ACCIDENT OR ILLNESS IN SCHOOL:

(In case parents cannot be contacted)

NAME	RELATION	PHONE 1	PHONE 2
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Please state any medical problems the school should know about that will affect their behaviour in school (i.e. Hearing, vision, allergies, or other specific symptoms to watch for) or in the event of an emergency situation where your child will remain in our care for 24 to 48 hours (i.e. After an earthquake)

Doctor Phone --

Dentist Phone --

Please list three possible alternative names of friends/relatives, who will be allowed to pick up your children, should you be unable to come for them. **Please consider this carefully as your child(ren) will only be released to the people listed here.** This information may differ from Medical Form but may be the same as the Emergency information tag. Please fill in even if information is the same. Thank you.

Name & Relationship	Phone & cell Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Parent's Signature

Date / /



2023-24 PRE-SCHOOL APPLICATION

This Emergency information tag has been designed to be cut, folded and put inside a small plastic identification tag that is worn around the student's neck

EMERGENCY INFORMATION TAG

Student's full name

Address

Phone Cell

Mother's Name

Mother's Place of Work

Phone # at work

Father's Name

Father's Place of Work

Phone # at work

Names & phone numbers of the 3 adults who will be allowed to pick-up your child/ren should you be unable:

Personal Health #

Medical Information (should we have to keep child/ren up to 72 hours). Please state allergies as well:

Please sign below giving us permission to administer emergency First Aid or transport to Hospital. We will do everything we can to notify you ahead of time.

I give permission for Precious Blood Parish & Cloverdale Catholic School staff and/or agents to administer necessary First Aid to my child and/or transfer to hospital for treatment.

Please print Student's Name to transport to hospital.

Father's Signature

Mother's Signature



2023-24 PRE-SCHOOL APPLICATION

CHILD IMMUNIZATION STATUS DECLARATION

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- ❖ Assist in identifying those children who are not fully immunized and
- ❖ Assist licensees in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

Child's Name: _____

Date of Birth: _____

Complete Immunization:

- Record on vaccinations attached
- Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine: _____

City & Province (if not in Canada, include country): _____

Incomplete Immunization:

- My child has had some vaccinations
- My child has no vaccinations
- I do not know

Parent's/Guardian's Printed Name	Date
Parent's/Guardian's Signature:	