



# Preschool Registration Form

Program information	
<input type="checkbox"/> Curiosity Grove at Walnut Grove Community Centre	<input type="checkbox"/> Little Wise Guys at W.C. Blair Recreation Centre
Preschool start date (mm/dd/yyyy)	Preferred Class Tue/Thu <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon   Mon/Wed/Fri <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

## 1 Participant Information

Child's full name		Usual name of child (if different)	
Date of birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	BC Services/CareCard number	
Address		Postal Code	Phone

## 2 Parent or Legal Guardian Information

Parent/Legal Guardian name	Parent/Legal Guardian name
I am the child's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	I am the child's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Address (if different from above)	Address (if different from above)
Phone	Phone
Cell phone	Cell phone
Business phone	Business phone
Occupation	Occupation

## 3 Family Information

Family Doctor/Clinic name	
Address	Phone
Family Dentist/Clinic name	
Address	Phone

## 4 Health Information (attach a separate sheet if necessary)

Does your child regularly take medication?  Yes  No

Provide details and reason for medication:

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Does your child have any allergies to food, medication, and/or the environment?  Yes  No

Do allergies require medication?  Yes  No

Provide details:

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Has your child had any injuries, illnesses, or operations?  Yes  No

Provide details:

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Describe any concerns/issues regarding your child's health (allergies, asthma, seizures, vision, hearing, etc.) that may interfere with participation in all activities:

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Describe any concerns you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, mobility, etc.):

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Provide any specific care instructions regarding the above:

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Are there other health care professionals involved in your child's life? (e.g. occupational therapist/physical therapist)  Yes  No

If yes, provide details:

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## 5 Immunization Status

Are your child's immunizations up-to-date?

Yes  No  Not immunized

Record date below or attach a copy of immunization record.

Diphtheria	Pertussis	Tetanus	Polio	MMR (Measles/ Mumps Rubella)	HIB
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

Comments:

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## 6 Emergency Contacts and Pick Up Authorizations

Child is permitted to leave with the following people, and will not be released to any other person without written authorization from parent or legal guardian (in addition to parent(s)/legal guardian(s) listed above).

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Person(s) not authorized to pick up child

Name	Relationship	Phone
Name	Relationship	Phone

Is there a custody agreement in place?  Yes  No  
If yes, you must supply a copy of the custody order to the program supervisor.

## 7 Group Experiences

What are your child's favourite toys and activities?

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Has your child had previous playgroup experience?  Yes  No  
If yes, how did he/she adapt?

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How does your child behave towards other children? (e.g. seeks others out, feels shy, plays well alone).

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What word(s) does your child use to indicate bathroom needs?

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## 8 Emotions

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

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Does your child have any particular fears? (e.g. animals, rough play, storms, the dark, loud noises, etc.)

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Provide any other information that will help maximize your child's positive experience in the program.

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## 9 Family and General Household Information

Provide the names of the significant people in your child's life (e.g. siblings and ages, grandparents, etc.).

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Describe the guidance and discipline methods used at home.

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What is the primary language spoken in your home?	Other languages
Name of English speaking person (if needed)	Phone

## 10 Toileting

Is your child toilet-trained?  Yes  No

Comments:

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## 11 Walking Trip Permission

My child, \_\_\_\_\_, has my permission to go on short walking trips in the neighbourhood around the recreation centre with their preschool teacher(s).

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 12 Field Trip Permission

I, \_\_\_\_\_, hereby give permission for my child,

\_\_\_\_\_, to go on a supervised trip with the Township of Langley Recreation staff. I understand that all field trips require parent participation.

While every reasonable precaution is taken within Township of Langley programs, it is agreed that the Township of Langley and its staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 13 Parents' Guide Policies & Procedures

I, \_\_\_\_\_, have read, understood, and agree to abide by the policies and procedures outlined in the Township of Langley Licensed Preschool Parents' Guide.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 14 Withdrawal Policy

One month's notice is required to withdraw from preschool, and written notice must be provided by the 1<sup>st</sup> of the month. For example, if you plan to withdraw on February 1, written notice must be provided on or before January 1.

If one month's notice is not given, the preschool will retain one month's fee.

If the facility cannot ensure that the needs of all children are safely provided and ensure compliance with Child Care Licensing Regulation Section 3-17, or if the programmer determines staff are unable to provide the type of care that an individual child and/or family requires, or if significant health and safety concerns arise, or program standards cannot be met, you may be asked to withdraw from the program.

A \$50 non-refundable registration fee is required at time of registration.

I, \_\_\_\_\_, have read, understood, and agree to abide by the withdrawal policy.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 15 Fees

I, \_\_\_\_\_, have read, understood, and agree to the fee structure outlined in the registration package and acknowledge that fees will be removed on the 1st of each month.

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 16 Signature of Parent or Guardian Providing Information

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Note:** The information on this form may be reviewed by Fraser Health Authority Licensing staff as per legislation.

### Office use only

Staff name

Child's withdrawal date (mm/dd/yyyy)

Reason for Withdrawal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 [foi@tol.ca](mailto:foi@tol.ca) 604.532.7396