BAKER'S CORNER PARENT INVOLVEMENT PRESCHOOL

RETURNING REGISTRATION PACKAGE

www.bakerscornerpreschool.com 1563 Regan Ave. Coquitlam, B.C. 604-461-5848

To be completed by Membership Person

Registration package checked and accepted by:

Child's Name: Date Registration Package Received: Date of Accepted Enrollment: Greenbird(T/Th) Redbird (M/W/F) Full time (M-F) For the school year: 2019/2020 Requested start date of: September 2019 Required Item or Action: Received or Completed: Comments: Registration Package: Registration Fee: Consents Signed: **Tuition Cheques:** Immunization Information: Fundraising Cheques: Copy of Birth Certificate: CPPP Fee: Picture of child: Cleaning Fee (optional): Photo Consent Forms: Assigned Job: Appendices A and B:

BAKER'S CORNER PRESCHOOL

| CHILD'S NAME: | |
|--------------------|--|
| CHILD'S BIRTHDATE: | |
| PARENT NAMES: | |
| PHONE NUMBER(S)" | |
| EMAIL: | |
| ADDRESS: | |

Please complete and return the following to the Membership Chairperson

- This Registration Package
- the **NON-REFUNDABLE** \$80.00 registration fee
- Current photograph (or photocopy of photo) of your child to be used for emergency identification purposes
 - Tuition, fundraising, CPPP, and cleaning (optional) cheques

Please indicate the class you wish to enroll in by circling it

<u>Tues/Thurs 3 & 4 year olds Class – Greenbirds</u>

Tuesday and Thursday 9:15 – 11:45 AM \$150/ mth

Mon/Wed/Fri 3 & 4 year olds Class - Redbirds

Monday, Wednesday and Friday 9:15-11:45 AM \$185/ mth

Monday to Friday 3 & 4 year olds – Both Classes

Monday to Friday 9:15 – 11:45 AM \$295/ mth

Consent Forms for First Aid Pack

| Facility: BAKER'S CORNER PRESCHOOL | Preschool Term: | 2019/2020 |
|---|---------------------------|---|
| 563 Regan Ave Coquitlam | | |
| Dear Parent / Guardian: | | |
| From time to time we plan special events and fiel transportation or private vehicles, with a seat belt form below giving your permission for your child | available for each child. | |
| I give permission for my child, | | _to be taken on short trips off the premises. |
| Signature of Parent or Guardian: | Date: | |
| Home Phone Number: | Work Pl | hone Number: |
| I hereby give consent for my child,contacted, to be taken by the Staff of Baker's appropriate transportation ie: ambulance, car | s Corner Preschool to th | ne nearest emergency center (using |
| Child's Full Name: | | |
| Date of Birth: | Care Ca | ard Number: |
| Allergies: | | |
| Medications and Reason(s) for: | | |
| Family Doctor: | Phone: | |
| Dentist: | Phone: | |
| Parent's Printed Name: | | |
| Parent Signature: | | |

Consent for Emergency Care

| I authorize the staff at Baker's Corner Preschool to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached. | | |
|--|--|--|
| Name of Parent: | Date: | |
| Signature of Parent: | | |
| Please Note: | | |
| If there are any changes since last ye | ar's registration package to your child's: | |
| - Personal information | | |
| - Emergency health information | | |
| - Alternate emergency contact(s) | | |
| - Persons authorized/not authorized t | o pick up | |
| Please provide details below: | | |
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Baker's Corner Preschool Selection/Nomination For The 2019/2020 Preschool Year

| Name: | Phone: | | |
|------------------------------|---|---|-----------------|
| Class registering fo | or (please circle) | | |
| Greenbirds: 3 and attendance | 4 year olds -Tues, Thurs/ Redbirds: 3 and | d 4 year olds - Mon, Wed, Fri/ | Both: full week |
| capacity on the | NT INVOLVEMENT PRESCHOOL. On executive or on a committee. We welcom job that is within your capability and time | e new people and their ideas to the | |
| your 1st, 2nd, or | te (1) EXECUTIVE and three (3) COM 3 rd preferences in each category. Once all d inform each member. | _ | |
| EXECUTIVE | | COMMITTEE | |
| | President or Co-Presidents | 1. Fundraising Assistant (4-6 po | sitions) |
| 2. V | Vice President Administration / Personnel | | |
| 3. V | Vice President Communications | 3. Assistant Treasurer & Grant V | Writer |
| 4. | Гreasurer | 4. Curriculum Assistant (1-2 positions) | |
| 5. 8 | Secretary | 5. Publicity / Publicity assistant (2 positions) | |
| 6. F | Fundraising Chairperson | 6. Recycling / Laundry / Sewing (2 positions) | |
| | | 7. Earthquake / Emergency Coo | rdinator |
| | | 8. CPPP Board Rep | |
| | | 9. Membership Assistant | |
| | | 10. Greenbirds Class Rep (T/TH) | |
| | | 11. Redbirds Class Rep (M/W/F |) |
| Γο assist in the pro | cess of assigning jobs please provide the foll | owing information: | |
| Have you particip | pated in a parent involvement preschool in the | past? Yes No | |
| If yes, school atte | nded: | Jobs held: | |
| Time available to | work in an executive position or on a commit | tee. hrs/week | |
| Skills: Typing | Sewing | Accounting/Bookkeeping | |
| Word Proc | essing Spreadsheets | Database Other | |

Parent/Guardian Agreement

Sign and return to the membership chairperson.

- 1. I agree to follow the Policies, Procedures and Constitution of Baker's Corner Preschool to the best of my ability.
- 2. If it becomes necessary to withdraw my child from the preschool, I will give one month's notice in writing to the Membership Chairperson, or pay one month's tuition in lieu of notice (termination form available in the classroom).
- 3. I will supply my child's tuition fees, \$80 registration fee, fundraising cheques, optional clean-up opt-out fee, and \$75.00 CPPP fee by postdated cheques, **due upon registration**.
- 4. I will undertake to attend all four General Meetings per year (Maternity Leave available on request).
- 5. I am willing to serve in some capacity on the Executive or on a Committee.
- 6. I will participate in fundraising; two \$75.00 cheques dated November 1 and May 1 are required and these cheques will be cashed should I choose not to participate to an equivalent amount in fundraisers held over the school year.
- 7. I understand that in the classroom and on the playground that the teachers has overall responsibility for program, teaching methods, discipline, and safety measures.
- 8. I will volunteer to arrive 30 minutes before class ends to assist with clean-up 1-2 times per month dependent on enrollment.
- 9. I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the teacher immediately.
- 10. I will be prompt in getting my child to class on time and picking him/her up after class ends.
- 11. In case of injury to my child while in the care, custody, or control of the preschool, or myself while in class on duty, I hereby waive all claims against the preschool in excess of public liability insurance carried by the preschool.
- 12. I have signed the Consent Form Ill Child.

Date:

- 13. I have signed the Consent Form Field Trips.
- 14. According to the teacher's schedule, I understand that I am welcome to participate in class if I wish. I will do so by signing up on the monthly calendar with the class representative or when asked for involvement by the teachers.
- 15. I understand that I have the option of completing one deep clean duty a year or paying a "clean up opt-out fee" in lieu of my clean up duty. The "opt-out" fee is \$250 to be paid up front upon registering.
- 16. I understand that if I withdraw my child my prepaid June tuition will not be refunded

| Parent/Guardian Signature. | | |
|----------------------------|--|--|
| Print Name: | | |
| | | |

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|--|--|--|--|
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| | | | |
| Parent/Guardian Signature: | | | |
| | | | |
| Print Name: | | | |
| | | | |
| Date: | | | |
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Please Read Carefully

Completing the Registration Package and Cheques

To facilitate processing of your registration package please ensure you have:

- Provided a photocopy of your child's birth certificate.
- Provide a current photograph of your child (for emergency identification purposes)
- Completed pages 1-2 Information about Your Child
- Completed page 3-4 Consent Forms for First Aid Pack
- Completed page 5 Job Selection form..
- Completed pages 6-7 Read and sign Parent's/Guardian's Agreement. Keep second copy for your records.

Registration package and postdated cheques for 2019/2020 enrollment are due immediately. The following cheques are required and are to be made payable to: BAKER'S CORNER PRESCHOOL

- 1. **\$80.00** Registration fee cheque (**NON-REFUNDABLE**) Due and dated the day of registration.
- 2. Tuition Fees:
 - 1 cheque needed for the amounts of September and June tuition dated for August 1st (If at any point you need to withdraw 1 months notice needs to be given and the tuition for June is non refundable)

Remaining Tuition can be done:

- Monthly
- •2 cheques for October- December and January-May
- •1 cheque for the full year (September-June)
- 3. \$75.00 (CPPP) Family membership in Council of Parent Participation Preschools dated September 1
- 4. Two cheques for \$75 as fundraising cheques: dated November 1 and May 1. Cheques will be cashed **only if you do not participate** in fundraising.
- 5. Optional \$250 Deep Cleaning Opt-out cheque (This is an optional fee if you do not want to help with the one required deep cleaning day a year these are usually in the evening or late afternoon done with 2 other parents and usually takes 3 hours. This is different from the daily clean parents rotate doing).

GENERAL MEETINGS

The General Meeting schedule is TBA at the first meeting. There is A requirement of 4 meetings per year.

Classes start the second week of September.

In consideration of others, if you are not planning on committing to the Preschool, please notify the Membership person **prior to June 1 2019**. Thank you.

Baker's Corner Preschool Media Release Form

| I,, the parent or legal guardian of |
|---|
| [Child] submit the following regarding photographic media |
| PART 1 – Private In-Class use of photographic media for Baker's Corner Preschool In-Class projects, artwork, electronics, etc. This includes special circumstances such as, but not limited |
| to the use of electronic visual learning aids such as iPads. |
| YES, I give permission for In-Class use of photographic media of my child. |
| NO, I do not give permission for In-Class use of photographic media of my child. |
| PART 2 – Public use of photographic media for the strict purpose of Baker's Corner Preschoo related legal activity including social media use, Baker's Corner Preschool website photograph and advertisement. |
| YES, I give permission for Public use of photographic media of my child. |
| NO, I do not give permission for Public use of photographic media of my child. |
| Parent/Guardian's Signature: Date |
| Parent/Guardian's Name: |
| Child's Name: |
| Dhana Number |