

# BAKER'S CORNER

## PARENT INVOLVEMENT PRESCHOOL

### REGISTRATION PACKAGE

www.bakerscornerpreschool.com

1563 Regan Ave

Coquitlam, B.C.

604-461-5848

#### To be completed by Membership Person:

Child's Name:

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Date Registration Package Received:

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Date of Accepted Enrollment:      Greenbird(T/Th)    Redbird (M/W/F)    Full time (M-F)

For the school year:            2021/2022

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Requested start date: September 2021

Required Item or Action:	Received or Completed:	Comments:
Registration Package:	Registration Fee:	
Consents Signed:	Tuition Cheques:	
Immunization Information:	Fundraising Cheques	
Picture of child:	CPPP Fee:	
Assigned Job:	Deep Cleaning opt out Fee (optional):	
Appendices A and B:	Photo consent forms	

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Registration package checked and accepted by:

## BAKER'S CORNER PRESCHOOL

CHILD'S NAME:

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CHILD'S BIRTHDATE:

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PARENT NAMES:

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PHONE NUMBER(S):

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EMAIL:

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ADDRESS:

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Please complete and return the following to the Membership Chairperson

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

Please indicate the class you wish to enroll in by circling it. \*child must turn 3 by December 31st of the year enrolled\*

**Tues/Thurs 3 & 4 year olds Class – Greenbirds**

Tuesday and Thursday 9:15 – 11:45 AM          \$160/ mth

**Mon/Wed/Fri 3 & 4 year olds Class – Redbirds**

Monday, Wednesday and Friday 9:15-11:45 AM    \$195/ mth

**Monday to Friday 3 & 4 year olds – Both Classes**

Monday to Friday 9:15 – 11:45 AM                  \$330/ mth

## Information about Your Child

### Personal Information

Full Name of Child:

Gender:

Date of Birth:

Address:

Phone:

Parent or Guardian:

Address (if different from above):

Phone:

Place of Work:

Work/Cell Number:

Parent or Guardian:

Address (if different from above):

Phone:

Place of Work:

Work/Cell Number:

### Emergency Health Information

Care Card Number:

Allergies and Treatment of:

Regular Medication(s) and Reason For (please list):

Other Medical Concerns:

Family Doctor:

Address:

Phone:

Family Dentist:

Address:

Phone:

### Alternate Person(s) to Call in Case of Emergency

Name:

Relationship:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

**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:

**Person(s) Authorized to Pick Up Child (other than parent/guardian listed above)**

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

**Person(s) NOT Authorized to Pick Up Your Child**

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name:

Relationship:

\_\_\_\_\_  
Phone:

**Emergency Out of Area Contact** (Preferable out of province)

Name:

Relationship:

Phone:

Home Phone:

Work Phone:

**Custody Arrangement** ( if applicable to you please also attach a copy of the agreement)**Child's Immunization Status** (Please record dates or attach copy of immunization record)Is your child up to date on Immunizations?     Yes     No     Not Immunized

TETANUS DIPHTHERIA                      1.                      2.                      3.                      4.

PERTUSSIS                                      1.                      2.                      3.                      4.

HIB    1.                      2.

HEP B    1.                      2.                      3.

MMR    1.                      2.

(Measles, Mumps, Rubella)

VARICELLA

(Chicken Pox)

Comments:

**Special Considerations:**

Comments (please be specific):

Vision, Speech or Hearing Problems

Special Diet/ Eating Habits

Toileting

Religious or Ethnic Observances

Language (if other than English)

Behavioural Concerns

Others

Experiences away from home:      Yes      No  
Describe: (when/where/ how long)

Were there any special problems or adjustments?

Other Children Living at Home:      Yes      No

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate: \_\_\_\_\_ If they attend school, where: \_\_\_\_\_

Please take this opportunity to make any additional comments that would be helpful to the Preschool and the Teachers:

How did you hear about Baker's Corner Preschool?

Newspaper Ad \_\_\_\_\_

Postcard Mail out \_\_\_\_\_

School Sign \_\_\_\_\_

Friend \_\_\_\_\_

Relative \_\_\_\_\_

Website \_\_\_\_\_

Facebook Page \_\_\_\_\_

Other \_\_\_\_\_

Information provided by:

Parent/Guardian Signature:

Date:

File in class binder

**Consent Forms for First Aid Pack**

Facility: BAKER'S CORNER PRESCHOOL  
1563 Regan Ave Coquitlam

Preschool Term: 2021/2022

Dear Parent / Guardian:

From time to time we plan special events and field trips, etc. of which you will be notified ahead of time. We will use public transportation or private vehicles, with a seat belt available for each child. We would appreciate your filling out the consent form below giving your permission for your child to attend these events/field trips.

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 Phone Number:

**Consent For Ill Child To Be Taken To Emergency When Parent / Guardian Cannot Be Contacted**

I hereby give consent for my child, \_\_\_\_\_, when ill, and when I cannot be contacted, to be taken by the Staff of Baker's Corner Preschool to the nearest emergency center (using appropriate transportation ie: ambulance, car, etc.) to relieve severe pain or, for life-saving measures.

Child's Full Name:  
\_\_\_\_\_

Date of Birth:  
\_\_\_\_\_

Care Card Number:  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_

Medications and Reason(s) for:  
\_\_\_\_\_

Family Doctor:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Dentist:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Parent's Printed Name:  
\_\_\_\_\_

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

File in first aid pack

**Baker's Corner Preschool Selection/Nomination For The 2021/2022 Preschool Year**

Name:

Phone:

Class registering for (please circle)

Greenbirds: 3 and 4 year olds -Tues, Thurs / Redbirds: 3 and 4 year olds - Mon, Wed, Fri / Both: full week attendance

This is a PARENT INVOLVEMENT PRESCHOOL. One parent from each family is required to serve in some capacity on the executive or on a committee. We welcome new people and their ideas to the executive. We do our best to assign a job that is within your capability and time commitments.

Please **circle one (1) EXECUTIVE and three (3) COMMITTEE** positions that interest you, and indicate which is your 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> preferences in each category. Once all forms are completed the Job Selection Committee will fill the positions and inform each member.

## EXECUTIVE

1. President or Co-Presidents
2. Vice President Administration / Personnel
3. Vice President Communications
4. Treasurer
5. Secretary
6. Fundraising Chairperson

## COMMITTEE

1. Fundraising Assistant (4-6 positions)
2. Social Committee Chairperson/ Assistant (2 positions)
3. Assistant Treasurer & Grant Writer
4. Curriculum Assistant (1-2 positions )
5. Publicity / Publicity assistant ( 2 positions)
6. Recycling / Laundry / Sewing (2-3 positions)
7. Earthquake / Emergency Coordinator
8. CPPP Board Rep
9. Membership Assistant
10. Greenbirds Class Rep (T/TH)
11. Redbirds Class Rep (M/W/F)

**To assist in the process of assigning jobs please provide the following information:**

Have you participated in a parent involvement preschool in the past? Yes No

If yes, school attended:

Jobs held:

Time available to work in an executive position or on a committee.

hrs/week

Skills: Typing

Sewing

Accounting/Bookkeeping

Word Processing

Spreadsheets

Database

Other

Do you have access to a computer with printer (please circle) Yes No



## Curriculum Planning

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The teachers are interested in knowing if any members have, or know of anyone who has any special talents or resources. We believe that every person has something to offer that could contribute to a richer program for the children.

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Do you or anyone you know (that you could ask):

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Play an instrument \_\_\_\_\_ Sing well \_\_\_\_\_ Have a special pet  
 \_\_\_\_\_ Dance \_\_\_\_\_ Anything else \_\_\_\_\_

Please give details below:

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Are you, or do you know anyone who is:

A Florist	A Dentist
A Firefighter	A Police Officer
A Bus Driver	A Doctor
A Nurse	A Veterinarian
A Paramedic	A Dental Hygienist

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Other ideas:

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Please give details below:

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Do you, or anyone you know, have any cultural customs that you could share with the children? Please give details below:

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Thank you for taking the time to complete this form, and assisting the teachers in formulating a dynamic curriculum.

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Name:

Phone :

Class:

**\*\*RETAIN FOR YOUR RECORDS & 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 3 - 6 – Information about Your Child
- Completed page 7 - Consent Forms for First Aid Pack
- Completed page 8 - Job Selection form.
- Completed page 9 - Curriculum Planning Form.
- Completed pages 11 and 12 - Read and sign Parent's/Guardian's Agreement. **Keep**

**a second copy for your records.**

**Registration package and post dated cheques for 2021/2022 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 month 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 takes approximately 3 hours) **This is different from the daily clean parents rotate doing**). Please note we only have spots for a maximum of 3 families to opt-out, this is first come first serve AND dependant on enrollment.

### **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 2021**. Thank you.

**Parent/Guardian Agreement \*\* PRESCHOOL COPY\*\***

Sign and return to the teacher.

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.
3. I understand that if I withdraw my child my prepaid June tuition will not be refunded
4. 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 post dated cheques, **due upon registration**.
5. I will undertake to attend all four General Meetings per year (Maternity Leave available on request).
6. I am willing to serve in some capacity on the Executive or on a Committee.
7. 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.
8. I understand that in the classroom and on the playground that the teachers have overall responsibility/ leadership for the program, teaching methods, discipline, and safety measures.
9. I will volunteer to arrive after class ends to assist with clean-up 1-2 times per month dependent on enrollment.
10. 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.
11. I will be prompt in getting my child to class on time and picking him/her up after class ends.
12. 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.
13. I have signed the Consent Form - Ill Child.
14. I have signed the Consent Form - Field Trips.
15. I understand that I am welcome to participate in class occasionally if I wish, with a completed criminal record check. I will do so by scheduling a day with the teachers or when asked for involvement by the teachers.
16. I understand that I have the option of completing one deep clean-up duty a year or paying a "clean up opt-out fee" in lieu of my deep clean duty if an opt-out spot is available. The "opt-out" fee is \$250 to be paid up front upon registering.

Parent/Guardian Signature:

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Print Name:

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Date:

**Parent/Guardian Agreement \*\*RETAIN FOR YOUR RECORDS\*\***

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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 understand that if I withdraw my child my prepaid June tuition will not be refunded
4. 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 post dated cheques, **due upon registration.**
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Parent/Guardian Signature:

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Print Name:

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

## 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 Preschool-related legal activity including social media use, Baker's Corner Preschool website photography, 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_