# **BAKER'S CORNER**

# PARENT INVOLVEMENT PRESCHOOL

## **RETURNING REGISTRATION PACKAGE**

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

Child's Name:					
To be completed by Membership Perso	n:				
Date Registration Package Received:					
Date of Accepted Enrollment:Gree	eenbird(T/Th) Redbird (M/W/F)	Full time (M-F)			
For the school year: 2022//2023					
Requested start date of : September 2022					
Required Item or Action:	Received or Completed:	Comments:			
Registration Package:	Registration Fee:				
	Tuition Cheques				
Consents Signed:	CPPP Fee:				
Updated Immunization Information:	Fundraising Cheques				
Updated Picture of child:	Deep Cleaning Fee (optional):				
Assigned Job:	Photo Consent Forms:				
Appendices A and B:					

Registration package checked and accepted by:

## **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 cheques

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

#### 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

### **Consent Forms for First Aid Pack**

Facility: BAKER'S CORNER PRESCHOOL

Preschool Term: 2022/2023

Work Phone Number:

1563 Regan Ave Coquitlam

Dear Parent / Guardian:

Home Phone Number:

From time to time we plan special events. These may involve a short walk to como lake or the mailbox and we will let you know ahead of time. Any field trip planned further than that, that requires a vehicle each parent would be responsible for bringing their own 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:		

# 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:		

#### **Consent for Emergency Care**

I authorize the staff at Baker's Corner Preschool to call a medical practitioner or ambulance in the case of an accident or illness of my child, if the parent cannot immediately be reached.

|--|

Signature of Parent:

#### **Please Note:**

If there are any changes/additions since last year's registration package to your child's:

- Personal information
- Emergency health information
- -Custody arrangement (if applicable to you please attach a copy of the agreement)
- Alternate emergency contact(s)
- Persons authorized/not authorized to pick up

Please provide details below:

## Baker's Corner Preschool Selection/Nomination For The 2022/2023 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 par	ent involvement preschool in	n the past? Yes	No	
If yes, school attended:		Jobs held:		
Time available to work in an e	executive position or on a co	mmitteehrs/week		
Skills: Typing	Sewing	Accounting/Bookke	eeping	
Word Processing	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 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 depending 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 duty a year or paying a "clean up opt-out fee" in lieu of my clean up duty if an opt-out spot is available. The "opt-out" fee is \$250 to be paid up front upon registering.

Parent/Guardian Signature:

Print Name:

Date:

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Parent/Guardian Signature:

Print Name:

Date:

## \*Please Read Carefully\* <u>Completing the Registration Package and Cheques</u>

## 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 post dated cheques for 2022/2023 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**). 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 2022**. 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 Preschoolrelated 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: \_\_\_\_\_