



REGISTRATION FORM

LI'L MUNCHKIN PRESCHOOL

604-594-3379 | 14435 85A Avenue | Surrey, B.C. | V3S 5W6

NAME OF CHILD: _____ first _____ last NAME CHILD RESPONDS TO: _____

GENDER: M F BIRTHDATE: _____ PHONE: _____
d/m/yy

ADDRESS: _____ POSTAL CODE: _____

PRESCHOOL PROGRAM SELECTED: _____

REGISTRATION DATE: _____ PROGRAM START DATE: _____
d/m/yy d/m/yy

PARENT GUARDIAN: _____

MOTHER'S NAME: _____

PLACE OF WORK: _____ PHONE: _____

FATHER'S NAME: _____

PLACE OF WORK: _____ PHONE: _____

PERSONS WHO MAY PICK UP YOUR CHILD:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALTERNATE PERSON TO CALL IN CASE OF EMERGENCY:

NAME: _____

RELATIONSHIP: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

MEDICAL INSURANCE NUMBER: _____

HAS YOUR CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME (Daycare, Sunday, School, etc.) YES NO

WHERE?: _____

WERE THERE ANY SPECIAL PROBLEMS: _____

IF CHILD HAS ANY KNOWN ALLERGIES OR HEALTH PROBLEMS, PLEASE INDICATE WHAT THEY ARE:



REGISTRATION FORM

LI'L MUNCHKIN PRESCHOOL

604-594-3379 | 14435 85A Avenue | Surrey, B.C. | V3S 5W6

IMMUNIZATION RECORD:

Two Mths: DPT, IPV, Hib, Hep B, Pneum.C Conjugate, Menin. C Conjugate: Date: _____
d/m/yy

Four Mths: DPT, IPV, Hib, Hep B, Pneum. Conjugate: Date: _____
d/m/yy

Six Mths: DPT, IPV, Hib, Hep B: Date: _____
d/m/yy

12 Mths: Pneum. Conjugate, MMR, Menin. C Conjugate, Varicella: Date: _____
d/m/yy

18 Mths: DPT, IPV, Hib, MMR: Date: _____
d/m/yy

4-6 years of age: DPT, IPV, Varicella: Date: _____
d/m/yy

I give consent for my child to be involved in drop-in visits by the Boundary Health Department Staff.

Parent Signature

FIELD TRIP CONSENT

I hereby give consent to the staff of Li'l Munchkin Preschool to take my child, _____
for walks away from the Preschool. name of child

Signature: _____

Date: _____
d/m/yy

MEDICAL CONSENT

I hereby give consent to the staff of Li'l Munchkin Preschool to administer to my child, _____
such medication as prescribed by the child's physician, Dr. _____ further give my
consent to the staff of Li'l Munchkin Preschool to take your child to the hospital or to call for an ambulance, or to take whatever
immediate action is necessary for the safety and well-being of your child.

Signature: _____

Date: _____
d/m/yy



REGISTRATION FORM

LI'L MUNCHKIN PRESCHOOL

604-594-3379 | 14435 85A Avenue | Surrey, B.C. | V3S 5W6

CONSENT TO PHOTOGRAPH

I hereby give consent to the staff of Li'l Munchkin Preschool to have photographs taken of your child, _____ . I understand the photos may be used by Li'l Munchkin Preschool in its program or in newspaper or other such publications.

Signature: _____

Date: _____
d/m/yy

FACILITY POLICIES: (please initial where applicable)

I have read and agree to the conditions laid out in the Fee Information section. **Please initial** _____

Please provide a healthy snack for your child including any provisions required if your child needs a special diet.

Your child must be picked up within five minutes of the session ending time. There is a five dollar charge for every fifteen minutes or portion thereof after the dismissal time. **Please initial** _____

In case of a child being ill or going on holidays, the regular monthly fee is still due, as this is your child's space regardless of attendance.

If a parent or teacher wishes to withdraw the child from the program, one month's notice is required in writing. Notice is only accepted on the first business day of the month. For example: If a parent notifies the preschool on the 15th of September that they are moving, this is taken as notice as of October 1st and payment for October is still due. **Please initial** _____

Li'l Munchkin Preschool follows the public school holiday schedule. **PLEASE NOTE: Monthly fee remains the same regardless of the number of holidays in a given month. The annual fee has been prorated. Please initial** _____

I have always booked appointments outside of preschool hours. But if this is simply not possible, or I have to attend to personal business (which rarely happens), or I am ill, I will hire a substitute or I will provide a makeup session on a Saturday and of course due notice will be given for that makeup session. Because I will be making up the session, refunds will not be made available. **Please initial** _____

Thank you for registering your child with Li'l Munchkin preschool,. I look forward to the opportunity of working with your child and I will do my best to ensure that your child's preschool year is an enjoyable learning opportunity.

**** Please note that I am licenced for 10 children per class. I cannot, therefore, accept additional children on Pro D-Days.**

Please make a copy for your records.

Signature of Parent: _____

Date: _____
d/m/yy