

LI'L RASCALS PARENT PARTICIPATION PRESCHOOL
5037 – 60A STREET, DELTA, B.C. V4K 3E2 604-940-9906
REGISTRATION FORM

Child's Name _____

Birth date _____ Sex M or F _____

Child's first language: _____ Other languages _____

Are you requesting 3 days or 2 days per week? _____ Full or Partial Participant _____

Address _____

Postal Code _____ Phone _____

Email _____

Mom's name _____ Occupation _____

Employer _____ Phone _____

Dad's name _____ Occupation _____

Employer _____ Phone _____

Other adults at home (i.e.: Grandparents) _____

Siblings _____ Age _____

_____ Age _____

_____ Age _____

Local Emergency contacts (other than parents)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If your child has a regular daycare arrangement on preschool days list here

Name _____ Phone _____

Address _____

Please list who may pick up your child at school other than Mom or Dad

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please indicate if another school parent may pick up your child when okayed by you
(car pool or play arrangement). Yes/No

If you have concerns regarding this **please speak with the teacher.**

CHILD'S DEVELOPMENT

Any fears _____

Nervous habits _____

Does your child play with other children? _____

Has your child attended preschool or day care before? _____

How does your child react to new situations? _____

Please indicate your concerns around:

Snack time _____

Toilet training _____

Speech/language difficulties _____

Home environment _____

Social skills _____

Other _____

Do you have specific expectations of Preschool?

Do you have any concerns that have not been addressed above?

Date: _____

Signed: _____

Registration fee paid (\$70) _____

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FIELD TRIP CONSENT FORM

Li'l Rascals Parent Participation Preschool would like to take our students on field trips. A trip of any distance would involve transportation in parents' vehicles or by bus. You will be notified of each field trip in advance at the monthly General Meeting.

If you are in agreement with your child participating in any excursions we plan, please sign below so that we may have this consent on file. Thank you.

Date: _____ Signed: _____

FIELD TRIP WAIVER

I, _____ do hereby agree to allow my son/daughter,

_____ to participate in field trips at Li'l Rascals Parent Participation Preschool, knowing that he/she will be transported to and from such excursions in the vehicle of one of the parents in the school, and that my child may be secured in that vehicle by either: a lap safety belt, a lap and shoulder harness safety belt or a child's car or booster seat in a suitable restraint.

Date: _____ Signed: _____

WEBSITE CONSENT FORM

Li'l Rascals operates a website, and occasionally posts pictures of the children registered in the school (only first names are used). The privacy laws of our province require the parents' permission before such pictures are posted. We will not post a picture of your child if you do not wish us to do so. If you have no objection to us posting your child's picture on the website, please sign below to indicate your consent.

Date: _____ Signed: _____

PARENT INVOLVEMENT

Welcome to Li'l Rascals Parent Participation Preschool. We hope you enjoy the time you spend with us. As the preschool is run by you, the parents, please indicate which volunteer job your family is willing to take on.

Number your first 4 preferences. Although the executive will try to match you with your preference this is not always possible.

Executive Positions

- President
- Vice President (from 3's Class): works with President to ensure smooth running between both classes
- Secretary
- Treasurer
- Parent Education: schedules speakers for the general meetings
- Enrolment: speaks with new parents, organizes and attends Open Houses
- * Orientation: looks after forms and records parent orientation

Non-Executive Positions (* indicates a new position for 2010/2011)

- Fund Raising (2 positions)
- *Treasurers' Assistant: collects cheques and does monthly bank deposit
- *Gaming Grant: fills out casino gaming grant yearly
- Publicity: places newspaper ads and posters in malls, organizes parade participation
- *Website: maintains the school's website and keeps it updated
- Duty Scheduler: prepares and distributes monthly duty schedule
- Personnel: hands out and tabulates year end Evaluations (to be chosen by the executive)
- Yard maintenance: lawn care; mowing
- *Weeding: weeds the front flower beds and keeps them looking their best
- School maintenance: odd jobs, a handy person with tools!
- Hospitality: in charge of General Meeting set up and goodies sign up sheets for parties
- Excursions: books field trips, arranges for drivers, and collects money
- Classroom themes: helps the teacher decorate the classroom
- Science: helps the teacher prepare science activities for the children
- Equipment and supplies: buys supplies, conducts yearly inventory
- Laundry: washes laundry weekly, washes curtains once a year
- *CPPP council member: attends the CPPP monthly meeting (acts as liaison between Lil Rascals and Council)

Do you have skills, talents or outside interests to share with the class
(i.e.: play a musical instrument, demonstrate a profession, knowledge of ethnic crafts or foods)?

Do you have skills to share that would help in the running of the school
(i.e.: plumbing, carpentry, accounting)?

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PARENT AGREEMENT

I, the undersigned, have carefully read the Constitution of Li'l Rascals Parent Participation Preschool and agree to follow it to the best of my ability. I understand that before I can be scheduled for duty days, I must complete 10 hours of Orientation as stipulated by the Council of Parent Participation Preschools in British Columbia.

On my participation days, I will arrange to arrive at least 15 minutes before school opening and remain until duty responsibilities have been fulfilled. In order that my enrolled child and I may get the most out of this special day, I must not bring other children to the preschool. If I cannot be present, I will trade my duty day with another duty parent and notify the teacher beforehand, if possible.

I will not send my child to school if there is any question of illness, nor will I come myself if I am ill. If my child contracts a communicable disease, I must notify the teacher or the president immediately.

I, hereby authorize the teacher to send my child home accompanied by a responsible adult if he appears ill, and in case of emergency, to call a qualified physician or my family doctor.

I understand that in the playroom and on the playground the teacher has overall responsibility for program, teaching methods, discipline and health and safety measures. On my participating days, I am there as her assistant.

As I understand that the preschool is not responsible for children before or after school hours, I will be prompt in bringing my child to school and in picking him up after school closing.

I will keep the teacher informed of any event or change of routine at home which might affect my child's behaviour. If I have questions about my child's program or progress at school, I will direct them to the teacher. I will direct queries or suggestions about the administration of the school to the Executive, through the President.

I must pay my child's tuition fees by nine (9) postdated cheques dated the first of each month. June fees are to be incorporated with the September fees. Late registrations will require payment of June fees immediately.

If it becomes necessary to withdraw my child from the school, I will obtain a withdrawal from the Enrollment Chairperson, giving one month's written notice or paying one month's fees in lieu of notice as stated in Section 8.01 of Li'l Rascals Parent Participation Preschool Bylaws. If this withdrawal is after April 30th, I will expect to forfeit my prepaid June fee. I understand that my Registration Fee is nonrefundable.

I am willing to serve in some capacity in an Executive or Non-Executive position. Regular attendance at monthly General Meetings is MANDATORY as the parents are responsible for the entire business operation of the preschool. The parents operate under the licensing bylaws as enforced by the Community Care Facilities Licensing Board (Victoria). Failure to comply with these regulations will result in our license being revoked.

I agree to attend at least one clean-up session per year for equipment maintenance.

Any member who, in the opinion of the Executive, fails to carry out his/her responsibilities in these areas as defined in the Bylaws section of the Parents' Handbook, shall have his/her right to membership reviewed by the Personnel Committee, with the possibility of membership being suspended or revoked by the Executive.

In case of injury to my child while in the care, custody or control of the preschool, I hereby waive all claims against the preschool in excess of public liability insurance carried by the preschool. The limit of liability is one million dollars (\$1,000,000) inclusive for any one occurrence or accident.

Date: _____

Signed: _____

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

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Date: _____

Signed: _____

PRESCHOOL COPY

PLEASE HAVE THE FOLLOWING FORMS RETURNED TO THE SCHOOL ASAP!

CHILD'S HEALTH FORM

Child's Name: _____

Doctor's Name: _____ Phone: _____

Allergies _____

Does your child have diet restrictions (vegetarian? beef? pork?) _____

Is your child on regular medication? _____

Does your child have special health concerns? _____

Record of Immunization

Please attach a photocopy of your child's immunization records.

MEDICAL RELEASE FORM

Child's Name _____

I, _____ hereby give my permission to have my child admitted to a medical facility to receive any medical treatment health officials have determined necessary.

Medical number _____

Signed: _____ Date: _____

DUTY PARENT'S HEALTH FORM

To Whom it May Concern:

It is my opinion that the mental and physical health of _____

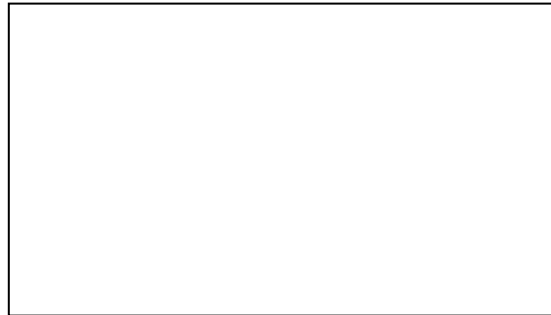
is adequate for the position of "duty parent" in a Parent Participation Preschool.

Signed _____

(medical practitioner)

Date

Physician's Stamp



SECOND PARENT/GUARDIAN IF DOING DUTY AS WELL

To Whom it May Concern:

It is my opinion that the mental and physical health of _____

is adequate for the position of "duty parent" in a Parent Participation Preschool.

Signed: _____

(medical practitioner)

Date

Physician's Stamp

