



2019-2020 REGISTRATION FORM

ENROLMENT DATE

Office use only



PROGRAMS

AM5 Mon thru Fri <input type="checkbox"/>	AM2 Tue-Thu <input type="checkbox"/>	AS Wed <input type="checkbox"/>
	AM3 Mon-Wed-Fri <input type="checkbox"/>	AS Thu <input type="checkbox"/>

COMPLETION DATE

Office use only

Child's name:	Date of birth: <small>Day Month Year</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent / Guardian names:		
Address: <small>Street City Postal Code</small>		
Home phone:	Child resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>	
Cell phone #1:	Cell phone #2:	
Email #1:	Email #2:	

Custody agreement or restraining order in place?:	Yes (attach copy) <input type="checkbox"/> No <input type="checkbox"/>
Is someone denied access to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of person:

<i>Persons to contact in an emergency and who may remove child from care, other than parent or guardian</i>				
Name:		Name:		
Relationship:		Relationship:		
Phone:		Phone:		
<i>Child's identifying features for emergency information - REQUIRED</i>				
Height	Weight	Eye colour	Hair colour	Other characteristics (birthmarks, scars, glasses)

Doctor's name:	Doctor's phone:
Care Card #:	
Has your child had their immunizations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical concerns and treatments? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, type, reaction, treatment details:
Physical, emotional, behavioural, learning or other concerns:	If yes, provide details:
Significant recent changes in your child's life (i.e. death, separation, move, new sibling)	
Special instructions: (i.e. special diet)	

I have read and agree to the above information and will notify if there are any changes.

Parent or guardian's signature

Date

2019 / 2020



Mi Escuelita Preschool Ltd.
2702 Boucherie Rd.
West Kelowna, BC V1Z 2G2
(250) 769-3145

CONTRACT FOR CARE

Child's name: _____

Date of entry (first day of school): _____ Office use only

Program(s): AM5 5 Days AM2 Tue-Thu AS-W Wed
AM3 Mon-Wed-Fri AS-T Thu

I acknowledge that I have received and reviewed a copy of the 2019-2020 Parent Handbook and Emergency Response Plan. I agree to make payments of my child's program, on or before the 1st day of each month, as per the fee schedule and terms found in the 2019-2020 Parent Handbook.

I will not send a child to **Mi Escuelita Preschool Ltd.** if he/she is ill. I also agree to inform the Centre immediately if my child has come in contact with a communicable disease.

I authorize **Mi Escuelita Preschool Ltd.** to obtain emergency medical attention for my child in the event that I cannot be reached. Emergency fees, when applicable, will be the responsibility of the parent/guardian. Should an ambulance be required, incurred costs will be the responsibility of the parents/guardians.

I authorize **Mi Escuelita Preschool Ltd.** to administer to my child, only medications as prescribed by a Physician and provided in the **ORIGINAL** labeled container. I understand that **Mi Escuelita Preschool Ltd. WILL NOT** administer any medication that does not come in the original labeled container.

I consent to receiving emails, SMS or other mobile messages from **Mi Escuelita Preschool** to the addresses and phone numbers provided in the 2019/2020 registration form.

I give consent for my child to have his/her picture taken at **Mi Escuelita Preschool**, and for those pictures to be shared with other parents who have a child in the same program. **Mi Escuelita Preschool** will not use any pictures for advertising or any other public purposes without written consent from the parent/guardian. **Mi Escuelita Preschool** is not responsible for pictures taken by other parents or guardians nor how they are used or distributed.

One month written notice, or one month fees in lieu of notice, is required from the parent for termination of the contract for care. **Mi Escuelita Preschool Ltd.** shall provide a three week notice to the parent if it's felt that we are unable to provide optimal care for your child. However, in the event we feel there is a safety concern for your child or the other children attending the Centre, the contract for care may be ended without notice. **Mi Escuelita Preschool** may terminate service for any other reason by providing 60 day notice to parents or guardians.

Only the following people are authorized to remove my child from **Mi Escuelita Preschool**:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

By signing below, you, the parent or guardian, acknowledge that you received a copy, read and agree to the conditions of this contract. You also acknowledge that you received a copy, read and agree with the payment, refund and other child care policies found in the **Mi Escuelita Preschool** Parent Handbook.

Parent Name: _____ Signature: _____ Date: _____

Mi Escuelita Preschool Ltd: _____ Date: _____
Ileana Reyes

2019 / 2020



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Pre-Registration Checklist

Dear parents/guardians,

Please ensure you provide the following completed forms and documents upon registering your child in a program with Mi Escuelita Preschool:

- 2019 / 2020 Contract for care
- 2019 / 2020 Registration form
- Picture for emergency card (max 4" x 3")
- Family picture to comfort your child in case
of emergency
- Immediate non-refundable payment of
50% of the September 2019 program fee