

Ready Set Grow Hillcrest Community Preschool

4421 Greentree Terrace
Victoria BC V8N 3S9
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2023/24 Registration Form

Child's Name: _____

Child's Birthdate (Month/Day/Year): _____

All children must be toilet trained to attend Ready Set Grow Preschool

✓	Program Requested	Days Requested
	Two days per week	Tue + Thur
	Three days per week	Mon + Wed + Fri
	Five days per week	Mon + Tue + Wed + Thur + Fri

Provincial Child Care Regulations require that we must have all the information requested in the registration form on file for each child.

Please ensure all items on the check-list below have been completed and attached prior to returning to HEOSC. Incomplete packages will not be processed and will be returned to you.

✓	Registration Checklist (check only if completed)
	Registration form fully completed & signed
	\$50 non-refundable registration processing fee (cheques made out to HEOSC)
	Immunization dates provided – form filled in or photocopy accepted
	Legal copy of custody restrictions (if applicable)
	Government subsidy authorization (if applicable)
	Recent photo of your child
	Automatic payment form

Ready Set Grow Preschool 2023/24 Registration Form

FAMILY INFORMATION	<p>Child: _____ Birth Date M/D/Y: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Home #: _____ Gender: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><u>PARENTS/GUARDIANS:</u></p> <p>Parent's Name: _____ Cell #: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work #: _____</p> <p>Home #: _____ Email: _____</p> <p>Parent's Name: _____ Cell #: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Employer: _____ Work #: _____</p> <p>Home #: _____ Email: _____</p> <p>Sibling's Names + Ages: _____</p>
CUSTODY RESTRICTIONS	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach court order or custody and access terms of separation agreement and state any general conditions here:</p> <p>_____</p>
MEDICAL INFORMATION	<p>Care Card #: _____</p> <p>Family Doctor: _____ Phone #: _____</p> <p>1) Does your child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No o If "Yes", please list below, under "Medications"</p> <p>2) Does your child have an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No o If "Yes" to either of the above please see the Manager or Preschool Leader for appropriate form.</p> <p>3) Does your child require a Supported Child Development (SCD) Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No o If "Yes" please see the Manager or Preschool Supervisor.</p> <p>Please describe any health conditions, disabilities, or concerns your child may have (learning, developmental, physical, etc): _____</p> <p>_____</p> <p>Medications: _____</p> <p>Allergies to medications: _____</p> <p>Other allergies or dietary restrictions: _____</p> <p>Please discuss with the Manager for relevant policies.</p>

EMERGENCY CONTACTS	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____
	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____

PERSON(S) AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS	<input type="checkbox"/> Check if same as above	
	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____
	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____
	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____
	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____
	Name: _____	Cell#: _____
	Relationship: _____	Work#: _____

Please complete the chart by entering the DATES (mm/dd/yy) your child received the immunization indicated. This information is required by legislation to be filled out – Photocopy of record is acceptable.

	1 st Visit (2 months)	2 nd Visit (2 months after 1 st)	3 rd Visit (2 months after 2 nd)	4 th Visit (12 months)	5 th Visit (12 months after 3 rd)	5 – 6 yrs
Diphtheria						
Pertussis						
Tetanus						
Poliomyelitis						
Haemophilus Influenza Type B						
Pneumococcal Conjugate						
Hepatitis B						
Measles, Mumps & Rubella						
Meningococcal C						
Varicella (chicken pox)						

<p>PERMISSIONS</p> <p>Information collected by the program is used for the care and control of the children. Much of the information is required by legislation. Parents have the right to opt out of providing information but please be aware that this may affect our ability to provide service. If you have any questions about the information required, please contact the Program Manager.</p>	<p>MEDICAL PERMISSION As Parent/Guardian, I authorize the staff of Hillcrest Elementary Out of School Care Society (aka HEOSC), to release my child into the care of the emergency contact person due to illness or minor injury, or in an emergency, call an ambulance for appropriate care. I understand that HEOSC will contact me as soon as possible. Signature _____ Date _____</p> <p>PERMISSION TO COMMUNICATE I give permission for HEOSC to disclose information with Hillcrest Elementary regarding my child whenever necessary. It may be important from time to time for the staff of HEOSC to both give and receive information regarding my child. Signature _____ Date _____</p> <p>PERMISSION FOR JOURNEYS HEOSC occasionally leaves HEOSC with the children in the program for journeys to local parks, beaches, playgrounds, and attractions and will walk, take private parent/guardian vehicles, or public transit to and from those locations. As parent/guardian, I give written consent for my child to participate in the outings away from HEOSC. I fully understand that every reasonable precaution and safety measure will be adhered to by the staff. Signature _____ Date _____</p> <p>PERMISSION FOR PICTURES As parent/guardian, I give permission for staff at HEOSC to take pictures of my child for the purposes of a birthday display and other bulletin board displays within the Program facility. Pictures may be kept in photo albums for historical purposes. Photos may also be used in the monthly newsletter, distributed to families of children in our program or displayed for advertising. Signature _____ Date _____</p> <p>PERMISSION FOR SUNSCREEN I give permission for my child to use HEOSC's sunscreen. <input type="checkbox"/> Is permitted to use HEOSC's sunscreen (Coppertone Kids, non-PABA formula spray) <input type="checkbox"/> I am supplying a labeled bottle of sunscreen for my child (include child's name and room #) Signature: _____ Date: _____</p>
	<p>PROGRAM CONTRACT I understand and agree to:</p> <ul style="list-style-type: none"> ○ Give one month's written notice due by the first of the month if I plan to withdraw my child, change days, reduce service, or change the days of the week service is desired ○ If I do not give sufficient notice, I am responsible for payment of fees in lieu of notice. ○ Upon registration I will submit a \$50/family non-refundable application fee. This fee also confers membership status within HEOSC. ○ Be invoiced at the beginning of the school year or commencement of service. ○ All fees for each month are due at the beginning of the school year, in post-dated cheques due the 1st of each month. ○ It is H.E.O.S.C. policy to issue receipts once per calendar year. If receipts are requested during the year and are subsequently lost, I understand there is a \$10/receipt replacement charge. ○ A late fee of \$5/day may be charged on all fees outstanding. ○ If I am late picking up my child, a late fee of \$1.00 per minute per child will be levied and payable to the staff upon arrival. ○ I will contact the Program if my child will not be attending on a particular day, will be away for an extended period of time, or my child will be picked up by someone not on the authorized pick-up list. ○ I will have my child arrange playdates ahead of time. Notice will be given in advance and in writing (email/note to staff at the beginning of the day). ○ I will notify the Manager in writing of address changes, work or home phone number changes, or special instructions regarding my child. ○ I agree and accept all policies in the parent handbook. <p>Signature _____ Date _____ Signature _____ Date _____</p>
<p>FOR INTERNAL USE ONLY</p>	<p>Photo: ___ Cash / Chq Imm: ___ Sign: ___ Enrollment Date _____ End Date _____</p>