

2022/2023 Wee Kare Registration Packet

LAST NAME: _____

Before submitting your Registration Packet, please ensure that you have the following completed:

- Initial Payment: *Registration Fee (\$50) + Last Month's Tuition (\$145 or \$175)*
 - Exact Cash - within 7 days
 - Cheque - made out to FFCS
 - Debit - within 7 days
 - Credit Card - using the form on page 6
- Completed Registration Form (pages 2-5)
- Signed Payment Form (page 6)
- Signed Policies Form (page 11)
- Off-site Activities Consent Form (page 12)
- Emergency, First Aid and Medical Transportation Form (page 13)
- Media Form (page 14)
- Completed and signed Portable Record Form (page 15)
- Credit Card Authorization Form - *optional* (page 6)
- Permission to Administer Emergency Medication - *optional* (page 16)



How did you hear about Wee Kare Preschool?

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Child's Registration Information

Child's Name (First + Last): _____

Date of Birth (mm/dd/yyyy): _____

Gender: Female

Male

Address: _____

City/Province: _____

Postal Code: _____

Home/Primary Phone: _____

Email Address: _____

Indicate your preferred class option:

- Tuesday & Thursday, 9:00-11:30am: \$145 per month
- Tuesday, Thursday & Friday, 9:00-11:30am: \$175 per month
- Monday & Wednesday, 9:00-11:30am: \$145 per month
- Monday, Wednesday & Friday, 9:00-11:30am: \$175 per month

Will you be applying for the \$75 per month subsidy from the Government?

Yes

No

I need more
information

Parent/Guardian Info

Parent/Guardian Name: _____

Cell Phone: _____

Address (if different from child): _____

Parent/Guardian Name: _____

Cell Phone: _____

Address (if different from child): _____

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OPTIONAL: As the parent/guardian of a child in Wee Kare Preschool, I would like to be a member of Falconridge Family Community Services (FFCS) and attend meetings of the membership.

No

Yes, my name is: _____

Are both parents authorized to pick up the child? Yes No

If no, please provide details: _____

Is there a custody order in place?

Yes, I will provide a copy of the custody order

Yes, but I do not have a copy of the order

No

Emergency Contacts - Someone other than parent

Emergency Contact #1 Name: _____

Relationship to child (cannot be parent): _____

Emergency Contact #1 Phone Number(s): _____

Emergency Contact #1 Address: _____

Persons authorized to pick up child (other than parents, guardians and emergency contacts) - give name, relationship to child and phone numbers for each:

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Health Information

Child's Name (First + Last): _____

Date of Birth (mm/dd/yyyy): _____

Immunizations up to date? Yes No

Does your child have any allergies? Yes No Maybe

Please explain type and typical reactions: _____

Is your child on any medications? Yes No Sometimes

If yes or sometimes, please describe: _____

Are there other medical conditions we should be aware of? _____

Does your child have any special needs, speech issues, behavioral difficulties or learning challenges?

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Child's Personal Information

Please tell us a bit about your child!

What is the main language your child speaks at home? _____

Do they speak any other language as well? _____

Are there any personality characteristics about your child that you'd like to share?

Any more details that would help us to understand your child better?

Please list all siblings, their ages and if they live with the child:

Please list any pets that your child has and their type:

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Payment Information

Payment for the Registration Fee (\$50) + Last Month's Tuition (\$145 or \$175)

I will be paying for my child's registration in the following way:

- Credit Card (please fill out the authorization below)
- Debit Card (must be done during office hours in the next 7 days)
- Cash (exact, brought in during office hours in the next 7 days)
- Cheque (must be made payable to "FFCS")

Signature of Parent/Guardian: _____ Date: _____

Credit Card Authorization (*optional*)

Can be used for both the registration fees and monthly tuition

Credit Card Type: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVC (back of card): _____

Cardholder Postal Code: _____

I authorize FFCS to charge my credit card above for agreed upon fees and tuition, as detailed below. I

understand that the information will be saved to file for the future transactions on my account. Check all that apply:

- One-time, non-fund able Registration Fee: \$50
- Last month's Tuition for class type chosen above: \$145 or \$175
- Monthly Tuition (taken the 1st business day of each month, except the last month)

Signature of Cardholder: _____ Date: _____

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Wee Kare Preschool Policies

Registration

1. A non-refundable registration fee is charged at the time of registration.
2. Applications will be considered in the order in which they have been received. If all positions are filled, a "waiting list" will be compiled and the applicant will be notified when their Child is eligible for an opening.
3. Once a Child has been accepted into the program, one month's tuition and the activity fee for the year must be paid.

Tuition and Fees

1. One month's tuition will act as the Child's June tuition and hold their spot for the year.
2. Fees and the June tuition can be paid by cash, debit, credit card.
3. Monthly tuition is due on or before the first class day of that month.
4. Monthly tuition can be paid by cash, debit, post-dated cheques, pre-authorized credit card. If you are paying by post-dated cheques or pre-authorized credit card, please refer to the NSF section.
5. One month's written notice is required if you choose to withdraw your Child from school. If a full month's notice is not given, your tuition for June will be used as the last month's fee.
6. No refund is given for holidays or days absent.

NSF: Non-Sufficient Funds

1. In the event a tuition payment is NSF, a service fee will be applied in the amount of \$40.00.
2. We realize that sometimes these situations occur, however the following policy applies to all NSF's:
 - a. First Occurrence: A letter will be sent home requesting payment in cash to be provided within one week of notice. If payment has not been received in the allotted time, a phone call will be made advising that payment is required. If in the event that payment has not been received prior to the end of the current month, your Child will not be permitted to return to class until this has been resolved.
 - b. Second Occurrence: Same as above.
 - c. Third Occurrence: A letter will be sent home advising that you will be on a cash or debit only basis which is due on or before the last school day prior to the start of the month. Failure to do so will result in your Child being automatically withdrawn from the school.

Withdrawal from the Program

1. Thirty days written notice must be given to the Administrator when withdrawing your Child from the program, in order to receive full refund of tuition fees for the remaining months.
2. The Teachers are entitled to ask a Parent to withdraw a Child if it is in the best interest of the Child or the program. If a Child is asked to withdraw, the balance of the year's monthly fees will be refunded.
3. No refund is given for holidays or days absent.

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ADMISSION & DISMISSAL

1. Everyone must enter the building using the WEST entrance. Doors will be unlocked 15 minutes prior to class and relocked 15 minutes after class begins. Doors will be unlocked again 15 minutes before the end of class.
2. If a Child will be arriving late to class, or needs to be picked up early, it is the Parent's responsibility to coordinate with the Teacher so that the door can be unlocked. Please note that ratios must be maintained at all times within the classroom. Teachers may not have the ability to let in late-arriving Children.
3. Children will be assigned a coat hook at the WEST entrance. Coats, outdoor shoes and items not necessary for class should be left there.
4. Children must wear footwear at all times while inside the building.
5. An adult must accompany the Child directly to the classroom and pick them up directly from the classroom.
6. All Children MUST be toilet trained, by the start of school, and be able to use the washroom independently.
7. No siblings or other Children are allowed in the class during regular class hours, unless prior arrangements are made with the Administrator.
8. An adult must be prompt and waiting in the hallway outside the classroom at the end of class. Parents/guardians are responsible for the safety and behavior of the Child after that time.

Inclement Weather

1. Class will be canceled if the temperature drops below -30C (regardless of wind-chill), it feels like below -35C or if the temperature is forecast to be below -35C on a class-day. School cancellations will be posted on Social Media (Facebook) and emailed so please check.

Authorized Pick-up

1. If a person, who is not listed on the registration form, will be picking up the Child, a Parent/guardian must inform the school in writing (note or email) or by phone message. Children will only be released to adults authorized by a Parent/guardian.

EMERGENCY DRILLS

1. Emergency procedures and fire drills are held a minimum of once per month to educate, teach and prepare the Children if an emergency should arise and Children and Staff are required to evacuate the preschool.
2. Children will be age appropriately educated on the process, who will come and help, and why evacuation procedures are practiced and needed. Emergency procedures will be a mandatory activity for all Children, Staff and adults attending preschool on the day the drill is practiced.

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3. In the case of an actual evacuation, Parents/ guardians will receive written notice/ information of the situation within 24 hrs of emergency evacuation detailing the situation and steps taken by the preschool Staff.
4. Evacuation procedures are posted on the inside of the preschool classroom by the door and a record of each monthly drill will be kept on the Teacher sign in/ out record page.

Cold Weather Evacuation

1. In Case of Emergency Evacuation, the Children will be instructed to exit the building quickly and, if it is cold outside, will be walked over to McDonalds (5219 Falsbridge Drive NE). Parents will be contacted, by telephone, to come and pick up their Children there.
2. The Teacher in charge will determine if it is cold enough outside to move to the McDonalds.

SNACKS

1. Healthy nutritious snacks such as fruit, vegetables, crackers, cheese, cereal are to be brought by each Child for snack time. Please, NO candies, cookies, or pastry on regular snack days
2. Wee Kare Preschool is a nut-free zone. Do not send any food containing nuts with your Child to school. If your Child consumes nuts for breakfast, please wash their hands thoroughly and brush their teeth before bringing them to class.

CHILD GUIDANCE

1. Our primary concern is that all Children at the Preschool are safe, feel secure, are comfortable and can develop their imagination and learn with confidence.
2. Guidance of children must be reasonable to the situation, age-appropriate and respectful to the Child.
3. Guidance of children must not be in the form of physical/corporal punishment, neglect or emotional abuse.
4. Should a Child's behavior pose a threat to the safety, comfort and learning of the group, a conference with the Parent will be held and the possibility of professional intervention addressed. The last recourse would be to withdraw the Child from the program.

OFF-SITE ACTIVITIES

1. For regular off-site activities, such as walks within the community or visits to the nearby playground, Parents will provide authorization with their Registration Packet.
2. Any activity or field trip requiring transport and Parent chaperones will require specific consent forms.
3. In either case, portable records for each Child will be brought on the activity.

HEALTH and WELLNESS

1. Parents will be informed of the Health and Wellness Policy in the Parent Handbook. A condensed version of the policy will also be posted on the Parent information board.

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Accident or Illness

1. If a Child exhibits signs or symptoms of illness or is injured while at preschool, the Parent/guardian will be called to pick up the Child immediately. If the condition of the Child is considered serious enough, EMS will be summoned and the Parent contacted.
2. If an ambulance (emergency health care) is called Parents must assume the cost of this service. Staff will not transport sick or injured Children for treatment.
3. All accidents will be recorded on an Incident Report Form and submitted to the administrator of the preschool.

Signs and Symptoms of Illness

1. For the health and safety of all Children and Staff, the program has the right to refuse participation given specific circumstances as follows. Children will be excluded from participating if they exhibit any of the following symptoms:
 - a. Have vomited in the past 24 hours.
 - b. Have a fever.
 - c. Have a persistent cough/sneeze.
 - d. Show signs of a contagious illness.
 - e. Complaints of dizziness, blurred vision or pain.
2. Should the Teacher know or have reason to believe that a Child is exhibiting the signs or symptoms of illness, a Parent must immediately remove the Child from the program premises.

Removal and Re-Admittance Due to Illness

1. A Child who has been removed from the program due to illness will not be readmitted until the Teacher is satisfied that the Child no longer poses a health risk to others or the program premises. Acceptable evidence may include that a Child is symptom free for at least 24 hours or has a physician's note.
2. Should a Parent be unable or unwilling to arrange for the immediate removal of a sick Child, the Teacher will make the determination to keep the Child as isolated as possible from the other Children or contact emergency health services. The Child will not be readmitted to the program until the Parent can satisfactorily demonstrate to the Teacher and the administrator that they have made the proper arrangements for immediate removal should the Child become ill in the future.

Medication

1. Emergency prescription medications (such as Epipens and inhalers) must be accompanied by clear instructions and a Medication Form.
2. Medications are to be clearly labeled and stored in a high cabinet.
3. Non-emergency medications will not be administered by Staff or Volunteers.

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Smoking/Vaping

1. Smoking/vaping is not permitted on the Falconridge Family Church premises, including the building and the grounds.
2. No Staff or Volunteer shall smoke during any off site activity of Wee Kare Preschool.

CHANGES IN INFORMATION

1. It is the Parent/guardian responsibility to promptly notify the program in writing of any changes to an address, contact phone numbers, health information, emergency contacts or authorized pick up contacts.
2. If Parents/ guardians do not provide updated information or submit completed registration forms/ portable records, your Child may be denied entry into the program until such information is obtained. It is a licensing requirement that Parents/ guardians provide specific pertinent up to date information.

I have read, understood and I agree to comply with all the policies of Wee Kare Preschool. I understand that Wee Kare Preschool reserves the right to release my child from the program if there is a failure to comply with the policies or failure to make monthly payments.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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Off-Site Activities Consent Form

Child's Name (First + Last): _____

The above named child has my permission to leave the school premises under the supervision of Wee Kare staff and volunteers for nature walks, outings to community playgrounds, outings to local community businesses, road safety awareness activities and lessons.

For all of these off premises activities, the mode of transportation used will be walking only, and will never be farther than 1km away. I understand that my child will be supervised at all times. I understand that there are risks associated with the activities named above.

In case of accident or any personal injury of the above named child, I hereby release and discharge FFCS or any of its directors, teachers, employees or parent volunteers, from any claims, actions and causes of action arising from any accident or loss caused by the participation of the child named above during any activity held at this location, or during any off-premises outing or at any location where the program is held, or on route to/from any activity.

We will be providing advance notice of any activities in the community prior to the day through email, and verbally, which will include the maximum time we will be off the church premises. Any other special excursions that would be farther than 1km away will require a separate consent form to be filled out and signed before the planned special excursion.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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Emergency Release & Acknowledgement of First Aid and Transportation

I acknowledge that my child, _____, may be given emergency treatment by a staff member of Wee Kare certified in First Aid. My child may receive emergency medical services if needed and/or may be transported by ambulance to an emergency center for treatment. I agree to hold Wee Kare or any of its directors, teachers, or employees, harmless. I acknowledge that the cost of any emergency transportation is my responsibility, not the responsibility of Wee Kare. In case of emergency, the staff of Wee Kare will contact Emergency Medical Services and the parents or emergency contact person. The staff of Wee Kare will fill out an Incident Report to be kept on file at the preschool.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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Child's Name (First + Last): _____

In-House Media Consent Form

I consent to the use of any photographs, video tape or audio record taken of my child by Wee Kare to be used within the classroom of the Wee Kare Preschool. I also consent to my child's artwork being published within the classroom and on Wee Kare's Social Media Accounts. Wee Kare will always protect the privacy of the students. Any student and/or their school work will be identified by first name only. No last names will be mentioned.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Social Media Consent Form

Periodically we post pictures on our Social Media accounts. Usually, photographs will be of groups of children. Please sign below to indicate whether or not you consent to the use of any photographs with your child's face clearly visible in them on Social Media. No names will be mentioned with the photo. Please check one box:

- Yes, I give Wee Kare permission to show my child's face on their Social Media accounts.
- No, I do not give Wee Kare permission to show my child's face on their Social Media accounts.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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Portable Registration Form

Child's Name (First + Last):	Date of Birth (mm/dd/yyyy):
Home Address:	City, Province, Postal Code:
Home/Primary Phone:	Immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Is your child on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Would this medication be needed during preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other health concerns?
Parent/Guardian's Name:	Cell & Work Phones: c) w)
Address:	
Parent/Guardian's Name:	Cell & Work Phones: c) w)
Address:	
Emergency Contact Name (NOT A PARENT):	Phone Numbers: h) c) w)
Address (REQUIRED, cannot be a PO Box):	
PARENT/GUARDIAN SIGNATURE:	

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Permission to Administer Emergency Medication (*optional*)

FILL OUT 1 FORM FOR EACH TYPE OF EMERGENCY MEDICATION

I hereby give my permission to the staff and volunteers of Wee Kare Preschool to administer the following medication to my child according to the Doctor's orders and instructions. A copy of this form will be stored with the medication in a high cabinet in the classroom.

Child's Name: _____ Physician's Name: _____

Name of Medication: _____

Reason for Medication: _____

Symptoms and Instructions: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

MEDICATION RECORD

Date	Time	Dosage	Reason	Staff Name & Initial