



**Powell River Christian School
Jr. Kindergarten Registration
2027-2028**

Junior Kindergarten 5 day program: Monday through Friday all day (8:35am-3:00pm)

Start Date: _____ End Date: _____

****\$208 deposit required. Deposit will be applied to first months payment***

Child's Name:

(Last) _____ (First) _____ (Middle) _____

Birthdate: _____ **(Must be 4 years old by Dec. 31)**

Nickname: _____ Gender: _____

Address: _____ Postal Code _____

Personal Health Number: _____

Please provide a copy of your child's birth certificate.

Copy Received: Yes No

Please provide a copy of your child's immunization records.

***If no immunizations have been administered, please provide a written and signed statement for our records.**

Copy Received : Yes No

Mother's name: _____

Father's name: _____

Mother's Phone:

(h) _____ (w) _____ (c) _____

Mother's email: _____

Father's Phone:

(h) _____ (w) _____ (c) _____

Father's email: _____

The teacher will not release your child to an unauthorized person unless you provide us with written permission prior to the event. Please provide at least two emergency contacts that are authorized to drop off and pick up your child. The staff has the right not to release a child to the person(s) listed, unless we feel he/she is capable of providing safe care.

Emergency Contact: _____

Phone: _____ Relationship: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

In the event of an earthquake please supply the contact information for someone that is outside of the Sunshine Coast area.

Contact: _____

Phone: _____ Relationship: _____

Address: _____

Your Child's Health Info:

General state of health:

Doctor: _____

Phone number: _____

Does your child have any known allergies? (life threatening)

Describe:

Does your child have any food sensitivities?

Describe:

Does your child have any medical conditions that we should be made aware of?

Does your child have any speech, hearing or visual limitations?

Would there be any restrictions with play or activities?

Additional notes:

Has your child received any early years intervention services? (please select those that apply)

- ☐ None
- ☐ Speech language
- ☐ Occupation therapy
- ☐ Physical therapy
- ☐ Infant Development
- ☐ Supported child development
- ☐ Other _____

I hereby give Powell River Christian School consent to contact the following intervention therapists:

Please list therapists by Name and Agency

Signature

Date

Please note: This information is imperative to your child having a successful school year in Jr. Kindergarten.

What does your child enjoy doing at home?

Describe your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

What do you see to be your child's strengths?

In what areas would you like to see your child grow?

Can your child be relied upon to indicate bathroom wishes? _____

****Children must be able to complete a toileting routine independently and not be in pull-ups***

Has your child had experience playing with other children?

Does your family attend a church? _____

Church name: _____

We would love to know more about your family. Please share names and ages of siblings.

Name _____ age _____

Name _____ age _____

Name _____ age _____

Are there any other comments or information you would like to let us know about?

Any specific concerns?

Are there any custody arrangements we should be aware of?

EMERGENCY MEDICAL CARE:

I hereby grant permission for the staff of PRCS Preschool, to secure the necessary emergency medical treatment (health nurse, physician, ambulance) needed for my child in the event that I cannot be reached to otherwise authorize the same.

Signature of
Parent/Guardian: _____ Dated: _____

Photo Consent

I, the parent or guardian of the above child, grant permission for the staff of PRCS Preschool to take pictures of my child to use for safety purposes and/or promotional material.

Signature of Parent/Guardian: _____ Date: _____

Jr. Kindergarten Operating Contract

- Upon receipt of the registration package and the **accompanying \$208 deposit**, Powell River Christian School will schedule and hold a meeting with the parents or guardians and child prior to the approval of the application.
- Registration forms are required to be completed upon the child's first day of Jr. Kindergarten and be kept current throughout the year. These forms include: Record of Immunization, Birth Certificate, all emergency contact information, as well as all permission forms to be signed and dated.
- The child will only be accepted and released in the presence of the teacher. Please sign your child in and out each day.
- The child will only be released to a person who is authorized to pick up as detailed on the registration form, unless proper written notification is given. Please ensure that the note is signed and dated by the parent and the person picking up is required to have proper picture ID with them.
- The parent or guardian agrees to not expose other children to illness or any communicable disease as outlined in our policies in this handbook.
- The parent or guardian will respect the hours their child is to attend Jr. Kindergarten. Continued failure to abide with designated times will result in withdrawal of services by this Jr. Kindergarten.
- Payment will be made in the form of ten post-dated cheques, cash or e-transfer to office@powellriverchristian.com. Please add the child's name to the note section of the e-transfer.
- The parent or guardian will give one month's written notice of withdrawal of their child or pay one month's fee in lieu of notice.
- The preschool reserves the right to give the parent or guardian one month's written notice to have their child find an alternate preschool.
- Failure to disclose any early years intervention services or extra support your child may require could impact the quality of service your child is able to receive in this group setting. Failure to disclose or the inability of PRCS to access external support services may result in termination of enrollment. In this case one month's notice will be given.

Signature: _____

Date: _____