



Elementary Forest Element Program

“Make the child a world citizen at the beginning of his conscious life to carry humanity forward.”

Dr. Maria Montessori

Registration Package

Mailing address: 16362 14A Avenue, Surrey, BC

Email: info@precious-seeds.com

www.precious-seeds.com



APPLICATION FORM

Name of Child _____

Birthdate _____ Gender _____

Starting Date _____ Location (circle one): Crescent Park or Carlson Creek

Mother's Name _____

Father's Name _____

Home Phone _____

Mother's Business Phone _____ Mother's Cell Phone _____

Father's Business Phone _____ Father's Cell Phone _____

Complete Address _____

Family Email _____

Name and ages of brothers and sisters: _____

Has your child had previous group experience: _____

Has your child any special problems such as medical, allergies, behavioral, that we should know about: _____

Alternate persons to call and pick up child in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Who referred you to the school: _____

Name of Homeschool Program _____

Dates of attendance _____

What suggestions do you have that will help Staff make your child's transition into this program easier? _____



Precious Seeds Montessori House

Montessori & Forest Program

www.precious-seeds.com, info@precious-seeds.com

Emergency Health Information

Care Card Number _____
Doctor _____ Phone _____
Dentist _____ Phone _____
Special Diet _____

CONSENT FOR EMERGENCY CARE

I authorize the staff at Precious Seeds Montessori House to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.

(Signed) _____ Date _____

Parent or legal guardian

CONSENT FOR POSTING PHOTOS

I authorize the staff at the Precious Seeds Montessori Preschool Ltd. to post photos of my child(ren) on their website or social media feeds.

(Signed) _____ Date _____

Parent or legal guardian

FIELD TRIP CONSENT

I hereby give Precious Seeds Montessori House permission to take my child for walks away from the building that in its discretion are appropriate or necessary.

I hereby give Precious Seeds Montessori House permission to take my child on field trips that in its discretion are deemed appropriate or necessary.

Precious Seeds Montessori House is responsible for sending details of the field trip in advance of the field trip day.

(Signed) _____ Date _____

Parent or legal guardian

PERSONS AUTHORIZED TO PICK UP CHILD (other than parent or guardian listed above)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

(Signed) _____ Date _____

PERSONS NOT PERMITTED ACCESS TO MY CHILD

Name _____ Relationship _____ Phone _____

(Signed) _____ Date _____

Custody or Other Legal Orders? (Please supply copy of orders to facility Manager) Y or N

CONSENT TO POLICIES AND PROCEDURES

I understand and agree to the information outlined in the Parent Handbook available on the website.

Print Name _____

(Signed) _____ Date _____

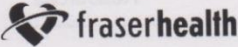
PARENT OR GUARDIAN PROVIDING INFORMATION

Print Name _____

(Signed) _____ Date _____



IMMUNIZATION STATUS

 COMMUNITY CARE FACILITIES LICENSING
**CHILD IMMUNIZATION
STATUS DECLARATION**

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensee's in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

_____ Child's Name _____ Date of Birth

Complete Immunization:

Record on vaccinations attached
 Record on vaccinations unavailable

Received immunization in:

_____ Year of last Vaccine _____ City _____ Province _____ (if not in Canada, include country)

Incomplete Immunization:

My child has had some vaccinations
 My child has no vaccinations
 I do not know

_____ Parent's/Guardian's Printed Name _____ Date

_____ Parent's/Guardian's Signatures

Revised: January 21, 2014
CCFL CC 300d - Child Immunization Status Declaration

Health Protection

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ELEMENTARY FOREST ELEMENT FEE FORM

Child's First and Last Name:

Parents' First and Last Names:

Parents' Home Phone:.....

Parents' Email:.....

TIME	DAYS	COST/month
9:30a-1:30p	2 Wednesdays/month	\$80

Deposit: To hold your place we require 2 cheques:

1. The first cheque is dated with today's date. The amount of this cheque is a \$100 NON-REFUNDABLE registration fee (for new students) PLUS 1 month tuition applied as your June 1 payment. The full amount of this cheque is NON-REFUNDABLE.
2. The second cheque will be post-dated for September 1 and applied as your September tuition.

Please make cheques payable to **Precious Seeds Montessori**

Payment options (Please submit with registration forms):

1. Pay by 8 post-dated cheques dated the 1st of every month (October 1 to May 1)
2. 1 cheque: Pay full amount on day you register. \$100 discount.

I understand the payment policies and due dates on this Registration Form.

Parent/Guardian Name **PRINTED** _____

Parent/Guardian Name **SIGNED** _____

DATE _____

PLEASE NOTE:

- In case of withdrawal from program, parents are required to give one full calendar month **written** notice of the withdrawal from the program.
- Absence due to illness or holidays are not exempt from payment.
- Precious Seeds Montessori House conforms to the statutory holidays and public school winter and spring break holidays.



EMERGENCY CONSENT FORM

Child's Name: (Surname / First Name) _____

Birth date (Year / Month / Day): _____

Address: _____

Child lives with: _____

Home Phone: _____

Mother's Name: _____

Mother's Phone: (Work) _____ (Cell) _____

Father's Name: _____

Father's Phone: (Work) _____ (Cell) _____

Emergency Contact: _____ Phone: _____

Child's M.D.: _____ Phone: _____

Allergies: _____

Medications: _____

Child's Dentist: _____ Phone: _____

Care Card #: _____ Date effective: _____

CONSENT FORM

1. It is the policy of this center to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the center immediately. We will take this consent with us to the emergency center

3. I hereby give consent for my child _____ when ill to be taken to the nearest emergency center by the Care Facility Staff when I cannot be contacted.

4. I hereby give consent for my child _____ to receive medical treatment.

Signature of Parent / Guardian

Witness

Date

Personal information contained on this form is collected under the Community Care Facility Act and will be used only for the purpose indicated.



1Picture of Child