



## Montessori & Forest Preschool Program

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

**Dr. Maria Montessori**

# Registration Package

Carlson Creek Location: 16362 14A Avenue, Surrey, BC, 604-385-3938

Mailing address: 16362 14A Avenue, Surrey, BC

Email: [info@precious-seeds.com](mailto:info@precious-seeds.com)

[www.precious-seeds.com](http://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 previous child care arrangement \_\_\_\_\_

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](http://www.precious-seeds.com), [info@precious-seeds.com](mailto:info@precious-seeds.com)

### Emergency Health Information

Care Card Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Special Diet \_\_\_\_\_

\_\_\_\_\_

## POLICY CONSENT

### 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

### IMMUNIZATION STATUS (please check and sign)

My child's immunizations are up to date.

My child's immunization record is attached.

My child's immunization record is unavailable.

Last vaccinations received: \_\_\_\_\_ (year) \_\_\_\_\_ (city) \_\_\_\_\_ (country)

My child has some vaccinations.

My child has no vaccinations.

(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.

I hereby give permission for the Precious Seeds Montessori Staff or Volunteers to transport my child, if needed.

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



# Precious Seeds Montessori House

## Montessori & Forest Program

[www.precious-seeds.com](http://www.precious-seeds.com), [info@precious-seeds.com](mailto:info@precious-seeds.com)

### 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

### PARENT OR GUARDIAN PROVIDING INFORMATION

Print Name \_\_\_\_\_  
 (Signed) \_\_\_\_\_ Date \_\_\_\_\_

## FEE FORM: CARLSON CREEK LOCATION

Please Choose Your Schedule (please circle or highlight your selection):

<u>TIME</u>	<u>DAYS/Week</u>	<u>Our Fees/month (\$)</u>	<u>YOUR COST/month (\$) WITH FEE REDUCTION*</u>	<u>Days</u>
8am-4pm	5	1100	<b>1000</b>	M T W Th F
	3	775	<b>715</b>	M W F
	2	530	<b>490</b>	T Th
9am-2pm	5	865	<b>765</b>	M T W Th F
	3	575	<b>515</b>	M W F
	2	390	<b>350</b>	T Th
9am-1:05pm	5	690	<b>590</b>	M T W Th F
	3	460	<b>400</b>	M W F
	2	315	<b>275</b>	T Th
2pm-4pm	5	430	<b>380</b>	M T W Th F (T, W, F is Forest)
	3	285	<b>255</b>	M W F (W & F is Forest)
	2	180	<b>160</b>	M W (W is Forest)
	2	195	<b>175</b>	T Th (T is Forest)
	1**	110	<b>100</b>	F (Forest)

\*Ministry Funded Child Care Fee Reduction Initiative Discount. ALL FAMILIES ELIGIBLE.

\*\*1 day/week considered an upgrade to any other schedule. From our experience, your child will integrate best into the program by attending more than 1 day/week.



# Precious Seeds Montessori House Montessori & Forest Program

[www.precious-seeds.com](http://www.precious-seeds.com), [info@precious-seeds.com](mailto:info@precious-seeds.com)

## **EXTRA PROGRAM FEATURES:**

- **Yoga – 1 morning/week; 1 afternoon/week**
- **Music – 1 morning/week; 1 afternoon/week**
- **Forest Element operates daily at Carlson Creek location from 12pm-2pm**
- **Redwood Park Forest Element operates Tuesday, Wednesday, and Friday afternoon 2pm-4pm**

## **ADDITIONAL NOTES:**

-If you attend M/W/F or T/Th, your child will participate in EITHER yoga or music on one of their days.

-If you attend 5 days/week your child will participate in BOTH yoga and music.

-ALL children participate in the Carlson Creek forest element daily.

-Full-day students that attend 8am-4pm may participate in the 2pm-4pm Redwood forest program; however, parents must arrange transportation from Carlson Creek location to Redwood Park.

To hold your place, we require the following:

1. **Registration Fee:** \$100 NON-REFUNDABLE registration fee, dated with TODAY'S DATE.
2. **Last Month Fees:** 1-month tuition NON-REFUNDABLE fees applied as your June 1 payment, dated with TODAY'S DATE.
3. **Post-dated cheques:**  
 \_\_\_\_ Pay by 9 post-dated cheques dated the 1st of every month (September 1 to May 1)  
 \_\_\_\_ 1 cheque: Pay full amount on day you register. \$100 discount.

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

I understand the payment policies and due dates on this Fee Form. I also understand the policies outlined in the Parent Handbook.

Parent/Guardian Name **PRINTED** \_\_\_\_\_

Parent/Guardian Name **SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

PLEASE NOTE:

- In case of withdrawal from school, 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 public-school 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.*



**ATTACH PHOTO**

## MATERIALS REQUIRED FIRST DAY



# Precious Seeds Montessori House

## Montessori & Forest Program

[www.precious-seeds.com](http://www.precious-seeds.com), [info@precious-seeds.com](mailto:info@precious-seeds.com)

1. **INSIDE SHOES:** Please send inside shoes, preferably not slippers, which he or she can put on independently, they will be referred to as “inside shoes.” The reason all students need “inside shoes” is a safety precaution. There may be water or other objects on the floor that could cause a fall or injury. Also in case we need to evacuate the building for an emergency. Flip-flops or sandals with buckles may be awkward for the child to be comfortable in when sitting on the floor.
2. **CHANGE OF CLOTHES:** A complete change of clothing in a large Ziploc bag, clearly marked on the outside with your child’s name. It saves us a great deal of time if each item is labelled. Also, please label boots and coats.
3. **PICTURE:** We would like a 4x6 picture of your child for the coatroom. The returning children do not need to bring a new picture. It does not matter if it is a bit bigger or smaller as long as it is a clear picture. Please have the pictures ready for first day.
4. **BLANKET:** 1 Child-sized blanket for quiet time for FULL DAY (8am-4pm) students ONLY.
5. **EARTHQUAKE KIT SUPPLIES:** In a large see-through Ziploc bag, please provide the following by the first day of class:
  - 12 protein bars and four 500ml. water bottles
  - emergency out of town contact
  - family picture
  - a small stuffy or toy that would comfort your child
  - emergency blanket (available in camping section of Canadian Tire)

## FARM DAY BACKPACK

A child-sized backpack (waterproof recommended) should contain:

- a. A healthy, high-energy snack in a reusable container, and water bottle.
- b. An emergency blanket.
- c. Extra socks, gloves, and hat.
- d. Bread bags for wet feet (if feet get wet we can put on dry socks, put feet in bags, and back in wet boots).
- e. A full change of clothing (i.e., pants, shirts, underwear, socks) and plastic bag for soiled clothes.  
\*This is in addition to spare clothing kept in classroom.
- f. Optional: reusable hand warmers, whistle