



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

**Dr. Maria Montessori**

# **ELEMENTARY FOREST & FARM PROGRAM**

## **Registration Package**

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 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](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 \_\_\_\_\_

### 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 \_\_\_\_\_

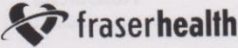
### PARENT OR GUARDIAN PROVIDING INFORMATION

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:

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

**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 Page 1



## ELEMENTARY FOREST AND FARM PROGRAM 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 Mondays/month	\$90

**Deposit:** To hold your place we require 10 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. 9 post-dated cheques\* dated the 1st of every month (September 1 to May 1). Option: Pay full amount on day you register. \$100 discount.

\*Note: If your DL program will cover your fees, please contact the Director at [info@precious-seeds.com](mailto:info@precious-seeds.com) to make arrangements for payment.

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



*1 Picture of Child*

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