



## Registration Checklist

### FEES AND DOCUMENTATION REQUIRED

CHILD'S NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

CLASS CHOSEN: TT 8:30 –11:30 AM MWF 12:30-3:00 PM MTWTF mixed AM &PM  
(per month - circle one) \$150 \$185 \$320

#### **Fees: Payable by cheque, cash, debit, credit or E-transfer.**

- \$25.00 non- refundable registration fee
- \$20.00 non-refundable CCSA membership fee: good till November 30/2020 \* *If you attend the CCSA-AGM a \$15. Deduction is applied to your December fee AND you receive a 50% coupon for older participants.*
- Registration Deposit - One month program fee is due to be paid at the time of registration. This will be applied to the last month of fees owed; usually June.
- If possible: postdated cheques dated the 1<sup>st</sup> of each month for the year OR a # to keep on file for automatic charges to your credit card. We accept Cash, Debit and e-transfers to [booksc CSA@sd79.bc.ca](mailto:booksc CSA@sd79.bc.ca)

#### **Documents (The CCSA office is happy to make photo copies for you!)**

- Completed and signed Eagle Wings Preschool Registration Form
- Copy of Birth Certificate
- Copy of Immunization Record (or letter stating that "you have chosen not to immunize your child")
- Copy of Health Care Card
- Copy of Court Documents pertaining to child, if applicable. (Without these, both parents are considered legal guardians)

We will only hold a space for your child when we have received all of the above fees and documentation.



**3172 Garner Street**  
**Chemainus, BC V0R 1K2**  
**Phone: 250-246-3588**  
**250-416-5475**  
 eaglewings@sd79.bc.ca



## Welcome to Eagle Wings Preschool! Registration for September 2019 to June 2020

We are honoured to help you support your child's early learning, socializing and growth!

Tuesday/Thursday 2 day Mornings 8:30 to 11:30AM \$150.00 Per Month	Monday/Wednesday/Friday 3 day Afternoons 12:30 - 3:00 PM \$185.00 Per Month	Monday to Friday – 5 days (for Pre-Ks) Same times as AM & PM \$320.00 Per Month
There are 2 entry dates: September and January. Full fees apply.		
A one month deposit is due at the time of registration, to be applied for last month. Monthly Fees are due on or before the first of the month of attendance. <i>*If you register and attend in the same financial period you will need to pay 2 months at that time.</i>		

**Dates:** When in doubt, check our Eagle Wings and Strong Start calendar!

**Snack:** For snack time, children are requested to bring:

- Water is supplied.
- One pre-cut fruit or vegetable, to be shared with everyone. We provide a small amount of crackers and cheese for each child.

### Clothing/shoes to be kept at Preschool:

- One complete change of clothes (including socks and underwear) with *child's name on the bag*.
- One pair of indoor gym shoes with *child's name inside*. We prefer low top shoes with velcro !

### Money Notes

Frequently Asked Question Why aren't December and March cheaper if the children only attend for two weeks?	We have averaged out the costs of the preschool over the year so that payments are easiest for our bookkeeping and for yours as well. You are paying the same amount each month rather than more in one month and less in another. It all adds up to the same cost over the year.
What if my child is absent for sickness or holiday?	We still have to pay our staff. Your payment holds your child's place in the preschool.
SUBSIDIES From Province of BC	Government subsidies available for families to cover some or all preschool fees, dependent on family income. Please apply. If you require assistance with application please follow instructions on the website. You can find information by googling <a href="http://myfamilyservices.com">myfamilyservices.com</a> or call the Child Care Subsidy Service Centre toll free at 1-888-338-6622. If you are having difficulty with the process contact Carmen Barclay at 250-746-4135 or <a href="mailto:cbarclay@clementscenter.org">cbarclay@clementscenter.org</a> .
Payment Plans	We know about family expenses. Talk to our bookkeeper to arrange a payment plan if the first of the month is poor timing for you.
Late Fees	Fees late without a signed pre-arranged payment plan will be subject to a late charge of \$5.00 after your first notice from our bookkeeper.
Other Charges	Requests for copies of duplicate records will be subject to an administration fee.

## PRESCHOOL CLOSURES

Holidays and School District #79 Non-Instructional School Days	Preschool is closed for all statutory holidays and school district day long closures. Preschool is closed when the school is closed.
Early Dismissal Times and Eagle Wings Professional Development and Preparation Days	Preschool is sometimes open during school district early dismissal times. This is part of our payment averaging. Please check our Eagle Wings calendar for special closures or openings.
Extraordinary Closures	Examples include snow or strike days. Please listen to the local radio for announcements of School District #79 closures. If SD #79 is closed for extraordinary reasons, preschool will also be closed. There are no refunds as we have no control over these days.

## Eagle Wings Withdrawal Process

### Withdrawals:

To withdraw your child from preschool (or change his/her schedule) you must inform the staff **IN WRITING** on or before the first of the month, giving one full month's notice. Email is good. Without notice on or before the first, you will be charged an extra month's fees. Thank you!

We've tried to simplify this process and keep it fair for both of us. Here's the process:

1. You give us notice in writing on or before the first. We apply your deposit to the last month of your child's attendance and your child attends before it is time to say good bye.
2. We apply your deposit to your last month; *whether or not your child is able to attend the classes.*  
Example: if you give notice on the 15th, because your move is sudden, you are giving notice 45 days in advance; because the one month's notice starts from the following first.
3. Without a month's notice, we will keep the deposit in lieu of notice.
4. If you wish to change the days of your child's attendance, we will work that out on an individual basis. There will be an automatic \$10.00 processing fee.

Here are some suggestions to make this process work for you;

5. **TALK AND PREVENT:** If you are experiencing a problem - let us know. Talk to the preschool teachers during a non-class time. Have a conversation with the bookkeeper or CCSA coordinator. We can't help if we don't have the whole picture. We'll talk to you too. Let's solve concerns before they get too big. Communicate soon and often!
6. **PLAN AHEAD:** Remember, one month is counted from the 1st day of any given month. We have to consider our license, our budget and our staffing. Unfortunately, there are no exceptions for any reasons.

**Preschool Staff Signature:**

**I have fully explained this deposit and withdrawal process.**

**Parent Signature:**

**I understand that if I withdraw and re-register I will be required to pay an additional registration fee.**

**Parent Signature:**

**I agree to comply with this payment, deposit and withdrawal process.**

Thank you,  
Cindy Batyi, Manager and Teacher Eagle Wings Preschool  
Klarissa Stone, Early Years Educator  
Wendy Lambert, CCSA Community School Coordinator



CHEMAINUS CROFTON COMMUNITY SCHOOLS' ASSOCIATION  
C/O 3172 Garner Street Chemainus B.C. V0R 1K2  
phone 250-246-3588 fax 250-246-3501 email ccsa@sd79.bc.ca



## Eagle Wings Preschool Registration Form



### CHILD INFORMATION

<b>Date of Enrolment</b>		<b>First Expected Date of Attendance</b>	<b>Last Expected Date of Attendance</b>
Child's Full Name:		Name Child Responds To: <b>Attach photo of Child (EW)</b>	Gender
Date of Birth <b>yy/mm/dd</b>	<b>Attach photocopy of Birth Certificate</b>	Child's First Language (Additional language?)	
Home Phone Number		Care Card Number #	<b>Attach photocopy of Health Care Card</b>
Street Address			
Family Email Address:		<b>By giving us your email you are agreeing to subscribe to our newsletters and electronic information. You may ask to unsubscribe at any time.</b>	
PO Box #	City, Province		Postal Code

### PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Full Name		Cell Phone
Address (If Different From Above)		Home Phone
Place Of Work	Hours	Work Phone
Father's/Guardian's Full Name		Cell Phone
Address (if Different From Above)		Home Phone
Place Of Work	Hours	Work Phone

### PERSONS AUTHORIZED TO CALL/PICK-UP YOUR CHILD IN CASE OF EMERGENCY (ADD ALL INCLUDING NON-ENROLLING PARENTS/GUARDIANS)

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

### PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK-UP FROM PRESCHOOL (Example: for a playdate)

Name	Relationship	Phone
Name	Relationship	Phone

### PERSONS NOT PERMITTED ACCESS TO YOUR CHILD

Name	Relationship	Phone
Name	Relationship	Phone

**PARENTING ARRANGEMENTS**

If both parents are not living together, or neither are living with the child, please give us the details of your custody, guardianship or living arrangement. This allows us to follow correct procedures, be protective according to legal orders and use personalized vocabulary with your child.

INFORMAL ARRANGEMENT: PLEASE DESCRIBE  <p style="text-align: right;">Please attach any written documentation.</p>
LEGAL ARRANGEMENT: Current Court papers signed by Judge and stamped by the court Yes ____ No ____ (Attach documentation)
PLEASE CHECK: Shared Custody: ____ Sole Custody Mother : ____ Sole Custody Father: ____ Guardian: ____ Foster Parent: __ Grandparent: ____ NAME: (if different)
Ministry of Children and Families Involvement:
Restraining Order: R.C.M.P Instructions:

**HEALTH/NUTRITION**

Special instructions concerning care, medications, or diet? Yes ____ No ____ If Yes, please specify or attach documentation.
Any known health related problems/medical disabilities or depressed immune system? Yes ____ No ____ If Yes, please specify and attach documentation.
Allergies ? Yes ___ No ___ If Yes, please specify or attach special instructions to follow in the event of an allergic reaction.
Are there any indications of vision or hearing problems? YES ____ NO ____ If Yes, Please describe:
Are there any behavioral concerns that we need to be aware of ? YES ____ NO ____ If Yes, Please describe:
Has your child had previous experience away from home? Yes ____ No. ____ If Yes please explain.
Do you think your child feels comfortable leaving parents? Yes ____ No ____ Please explain.
Are there any cultural practices in your family that we should be aware of?
Is your child under the care of/ on a waitlist for a specialist? Example: for a condition such as speech and language.

**EMERGENCY HEALTH INFORMATION**

Doctor	Phone
Dentist	Phone

**NAMES OF OTHER CHILDREN LIVING AT HOME**

Name	Birth date (yy/mm/dd)
Name	Birth date (yy/mm/dd)
Name	Birth date (yy/mm/dd)

**AUTHORIZATION - *Must be initialed to complete registration.***

**YES**

**NO**

	YES	NO
I/we authorize my/our child to go on "out-trips" from the school walking to locations on the school property. <b>(Necessary)</b>	Initials	<b>(Yes Necessary)</b>
If I/we are unable to drive on a scheduled trip and do not make driving arrangements in advance with a parent my/our child knows; I/we will keep my/our child at home.	Initials	Initials
I/we authorize my/our child to drive with a parent they know in a vehicle with proper liability insurance, and proper ministry approved car seats.	Initials	Initials
I/We hereby give my/our consent for a staff member to call a medical practitioner or ambulance for my/our child in case of accident or illness, knowing staff will immediately reach out to parents as well	Initials	Initials
<b>PHOTOS:</b> Licensing requires Eagle Wings staff to take and use photographs of your child for emergency and allergy alert use. Please initial to indicate your understanding of this legal requirement. <b>(Necessary)</b>	Initials	<b>(Yes Necessary)</b>
<b>PHOTOS:</b> Please initial below to give your consent for other noted photograph uses –there will be no compensation for this use.		
• <u>Photos for Preschool or Chemainus Elementary Use:</u> examples: artwork, wall displays, decorations, take home photographs, journals, scrapbooks etc.	Initials	<b>(Yes Important)</b>
• <u>Photos for Websites:</u> Eagle Wings, CCSA, Understanding the Early Years, SD79 (no names will be used)	Initials	Initials
• <u>Photos for Promotional Use:</u> Brochures, Newsletters, Posters (no names will be used)	Initials	Initials
• <u>Photos for Promotional Use:</u> Newspapers (names could be used)	Initials	Initials
• <u>Photos for Homeroom photo sharing app Use:</u> A private sharing app with only our Eagle Wings families. (names could be used)	Initials	Initials

## EAGLE WINGS PARENT CONTRACT

One parent is required to sign on behalf of the family:

By my signature below I understand the following:

- My child will join in some or all of the activities, practices and education offered.
- This is a learning-through-play and child-initiated curriculum, designed by the Eagle Wings teachers according to their education, experience and continued professional development.
- I am free to discuss any concerns or positive thoughts I might have about the program or my child's development during an appointment with Eagle Wings and /or CCSA staff.
- I am welcome to be a volunteer parent helper in the class and will arrange this with the teachers.
- I agree to the terms and conditions of this contract and will follow the financial agreement and withdrawal processes as outlined; including asking for a payment plan should I need it and paying a late fee if I do not pay fees on or before the first of the month.

I/we, \_\_\_\_\_, parent(s)/guardian(s) of

\_\_\_\_\_ hereby authorize Eagles Wings Preschool to obtain/provide the above services for my child. I/we also confirm that the information I provide in this form is accurate. If there are any changes in the information provided I agree to inform the preschool immediately.

Signed (parent) and witnessed (CCSA/Eagle Wings Staff) this day of \_\_\_\_\_.

X \_\_\_\_\_  
Signature of Parent/Guardian

X \_\_\_\_\_  
Signature of Eagle Wings/ CCSA Staff

X \_\_\_\_\_  
Printed Name of Parent/Guardian

X \_\_\_\_\_  
Printed Name of Eagle Wings/ CCSA Staff



Our CCSA and Eagle Wings Family Welcomes You!



January 25, 2019