

Eagle Wings Preschool



Eagle Wings Preschool Summer Camps 2019

Eagle Wings Preschool is a Branch of the CCSA.
Chemainus Crofton Community Schools Association

Chem Elem Porrrable B
e 3172 Garner Street
Chemainus, BC V0A 1K2
Phone: 250-246-3588
250-416-5475
eaglewings@sd79.bc.ca

FEES AND DOCUMENTATION REQUIRED

CHILD'S NAME: (First) _____ (Last) _____

Preschool Summer Camps: One Week/5 Days/Mon-Fri Inclusive /9:00 a.m. to 12:00p.m.

July 8-12 July 15-19

Waiting List

August 12-16 August 19 - 23

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

\$90 per week camp

\$5 Non-refundable Registration Fee

OPTIONAL \$20.00 Family membership fee (not required for Summer Camp).

Please Bring:

- A change of clothes marked with child's name in a bag
- A sun hat marked with child's name

Please sunscreen your child before they come to Preschool Camp!

Refunds and Withdrawals

You will receive a full refund of \$90.00 **ONLY** if you withdraw, in writing, to bookscsa@sd79.bc.ca by **3PM** on Wednesday July 3, Wednesday July 10, (Wednesday August 7, Wednesday August 14th). This allows someone else to take that place. The only exception is hospitalization of your child which must be accompanied by a brief doctor's note. There are no partial refunds.

Documents Required by VIHA Licensing (The CCSA office is happy to make photo copies for you!)

Completed and signed Eagle Wings Summer Camp 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)

**If you have been registered for the 2018-2019 Preschool Year we will extend your file and include this form with last season's copies of your records. (BC, IMR, HCC). If you are registering for 2019-2020 Preschool Year, please ask for a duplicate copy of your records for EW Summer Camp.*

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

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CHILD INFORMATION

Date of Enrolment		First Expected Date of Attendance		Last Expected Date of Attendance	
Child's Full Name:			Name Child Responds To: Attach photo of Child (EW)		Gender
Date of Birth yy/mm/dd	Attach photocopy of Birth Certificate		Child's First Language (Additional language?)		
Home Phone Number			Care Card Number #	Attach photocopy of Health Care Card	
Street Address					
Family Email Address:			By giving us your email you are agreeing to subscribe to our newsletters and electronic information. You may ask to unsubscribe at any time.		
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 (Other than you of course!) AUTHORIZED TO CALL/PICK-UP YOUR CHILD IN CASE OF EMERGENCY (ADD ALL INCLUDING NON-ENROLLING PARENTS/GUARDIANS)

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 Please attach any written documentation.

LEGAL ARRANGEMENT: Current Court papers signed by Judge and stamped by the court Yes ___ No ___ ___(Attach documentation)
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PLEASE CHECK: Shared Custody: ___ Sole Custody Mother :___ Sole Custody Father:___ Guardian:___ Foster Parent:___ Grandparent:___ NAME: (if different)
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Ministry of Children and Families Involvement:
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Restraining Order:	R.C.M.P Instructions:
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HEALTH/NUTRITION

Are there special instructions concerning care, medications, or diet? Yes ___ No ___ If Yes, please specify or attach documentation.
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Are there any known health related problems/medical disabilities or depressed immune system? Yes ___ No ___ If Yes, please specify and attach documentation.
--

Are there any 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.
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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)

AUTHORIZATION - Must be initialed to complete registration.

	YES	NO
I/we authorize my/our child to go on "out-trips" from the school walking to locations on the school property. (Necessary)	Initials	(Yes Necessary)
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
PHOTOS: 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. (Necessary)	Initials	(Yes Necessary)
PHOTOS: 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	(Yes Important)
• <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/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!