



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

REGISTRATION FORM 2020-2021

Portable B @ Chemainus Elem.
3172 Garner Street
Chemainus, BC V0R 1K2
Phone:
250-246-3588/250-416-5473
250-416-5475
eaglewings@sd79.bc.ca
bookscsa@sd79.bc.ca

FEES AND DOCUMENTATION REQUIRED 2020-2021

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

CLASS CHOSEN:

Tuesday/Thursday 2 days Mornings 8:30 to 11:30AM \$150.00 Per Month	Monday/Wednesday/Friday 3 days Afternoons 12:30 - 3:00 PM \$185.00 Per Month	Monday to Friday – 5 days (for Pre-Ks only) Same times as AM & PM \$320.00 Per Month
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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 30/2021 * *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 of program fees are due to be **paid at the time of registration**. This will be applied to the last month of fees owed; usually June. If this presents a financial hardship for you, you may arrange a payment plan in writing with our bookkeeper. It is this deposit, and the above fee payment, that holds your child's spot.
- ☐ **Payments are due on or before the 1st of each month.** In order to avoid late charges we advise: postdated cheques dated the 1st 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 bookscsa@sd79.bc.ca Use preschool as the password.
- ☐ We encourage ALL families to look into the provincial Child Care Benefit Program. Preschool qualifies, and it is intended to help families. We need you to pay the fees until we receive funds from the province. At that point we write you a refund cheque.

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 up-to-date Immunization Record (or sign stating that "you have chosen not to immunize your child at this time")
- ☐ Copy of Health Care Card
- ☐ Copy of Court Documents pertaining to child, if applicable. (Without these, both parents are considered legal guardians)

We are happy to hold a space for your child when we have received all of the above fees and documentation (or an agreement per) *Registration must be signed in person with CCSA staff.*

Jan 20, 2020

Welcome to Eagle Wings Preschool! Registration for September 2020 to June 2021

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

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

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

- One *small amount of pre-cut fruit or vegetable*, to be shared with everyone. We provide a small number of crackers for each child.
- *Water containers are supplied.*

Clothing/shoes to be kept at Preschool:

One complete change of clothes (including socks and underwear) with *child's name on the bag* and clothes too.

Clothing/shoes useful at Preschool:

- We go outdoors every day! Muddy buddies, rain coats, boots, snow pants, gloves, hats are all useful for outside play in cold weather.
- One pair of indoor slippers or shoes with *child's name inside*. No laces or high tops.

MONEY NOTES- Frequently Asked Questions

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. 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.
Child Care Benefits From Province of BC	Government subsidies are available to cover some or all preschool fees, dependent on family income. If you require assistance with the application, google myfamilyservices.com or call the Child Care Subsidy Service Centre toll free at 1-888-338-6622. Or contact Carmen Barclay at 250-746-4135 or cbarclay@clementscenter.org for in-person help.
Late Fees	Fees late without a signed pre-arranged payment plan will be subject to a late charge of \$5.00 or more.
Payment Plans	Avoid a fee for late payment by arranging for a payment plan, in writing, with our bookkeeper.
Other Charges	Requests for copies of duplicate records will be subject to an administration fee.
A one-month deposit is due at the time of registration, to be applied for last month (June). Monthly Fees are due on or before the first of the month of attendance. Late fees apply. <i>*If you register and attend in the same month you will need to pay 2 months at that time.</i>	

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	Preschool is sometimes open during school district early dismissal times. This is part of our payment averaging. Please check our Eagle Wings calendar for Pro-D closures or openings.
Extraordinary Closures	Examples include snow or strike days. Please listen to the local radio or check SD 79 website and Facebook 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.

DOCUMENTATION

I/We have decided not to immunize our child (registered here) at this point in time.	Signed
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Jan 20, 2020

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 for your understanding!

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 ECE Eagle Wings Preschool
Lara White and Lauryn Morgan, Early Years Educators
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

Jan 20, 2020



Eagle Wings Preschool Registration Form



CHILD INFORMATION

Date of Enrollment		Sept (Gradual) Entry 2020	T 8th/W 9th Program	Last Expected Date of Attendance T 22/W 23 June 2021	
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

AUTHORIZED PERSONS TO CALL/PICK-UP YOUR CHILD IN CASE OF EMERGENCY *Parents are called first.*

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
Name	Relationship	Phone

PERSONS NOT PERMITTED ACCESS TO YOUR CHILD

Name	Relationship	Phone
Name	Relationship	Phone

Jan 20, 2020

PARENTING ARRANGEMENTS

If 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 proactive according to legal orders and use personalized vocabulary with your child.

ARE BIOLOGICAL PARENTS LIVING TOGETHER? If yes please proceed to Health and Nutrition. If no, we need written information.	
INFORMAL ARRANGEMENT: PLEASE DESCRIBE	
LEGAL ARRANGEMENT: Current Court papers signed by Judge and stamped by the court Yes ____ No ____ ATTACH CURRENT DOCUMENTATION	
PLEASE CHECK and explain: Shared Custody: ____ Sole Custody Mother: ____ Sole Custody Father: ____ Guardian: ____ Foster Parent: ____ Grandparent: ____	
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 as needed.	
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? describe:	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?	

EMERGENCY HEALTH INFORMATION (Parents are called first)

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

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 another parent known to my/our child; 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 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 photographs of your child for emergency and allergy alert forms. 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 CCSA Use:</u> examples: artwork, wall displays, decorations, take home photographs, journals, scrapbooks etc.	Initials	(Yes Important)
• <u>Photos for Websites:</u> Eagle Wings, CCSA, SD79 Our Story (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

BEHAVIOUR AND /OR DEVELOPMENT

It takes a village to raise a child! We want to help your child and family grow and enjoy this next stage of life. We might have helpful information about resources. Do you have any concerns or questions regarding your child's development or behaviour?	YES	NO
• Is your child under the care of or on a waitlist for a specialist? Example: for a condition such as a speech impediment.		
• Does your child have a diagnosis from a pediatrician or other specialist?		
Please describe the nature of your concerns. Thank you.		

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 understand that the teachers will organize several field trips throughout the year which will require me to provide an adult to attend and drive my child.
- 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 Eagle 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!



Jan 20, 2020