

Eagle Tree

CCSA LEARNING & CHILDCARE



Registration Package 2026-2027

For over 25 years, the CCSA Eagle Tree has been supporting children and families from Saltair to Crofton. We are a non-profit society and registered Canadian Charity, financially dependent on user fees, grants, fundraising and donations. Our mission is to help build healthy communities through healthy families, by providing resources, and programs that make a lasting difference, including:

Eagle Wings Preschool
Strong Start Chemainus
Kidz Spring & Summer Day Camps
Chemainus Licensed After School Care
Crofton Licensed After School Care
After School Care Day Camps on ProD Days
Parent & Child Craft Classes
Inspiration Station

Our licensed programs are governed by the rules and regulations of the Community Care Facility Licensing Act and the Ministry of Education and Childcare. Qualifying families may apply for the **Affordable Childcare Benefit** program to use towards our fees.

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

Tue / Wed / Thu - 11:30 am - 3:00 pm - \$305 per month

Ask us about the Affordable Child Care Benefit and the Child Care Reduction Fee.
New Families will be scheduled a Meet & Greet and Registration appointment.

FEES AND DOCUMENTATION REQUIRED:

- Completed registration form signed by parents/guardians (this form)
- \$35.00 non-refundable registration fee **due at registration.**
- \$25.00 one-time CCSA membership fee **due at registration.**
- September's fees are **due at time of registration** even if waiting for benefits.
- Please check here if you will be applying for the Affordable Child Care Benefit
- Copy of Birth Certificate (our office can make a photocopy for you)
- Copy of up-to-date Immunization Record OR a written, signed statement stating that you have chosen not to immunize your child at this time.
- Copy of both sides of Health Care Card (our office can make photocopies)
- Where applicable, copies of relevant court documents about custody arrangements OR a written explanation of informal arrangements between multiple guardians.

Payments are due on or before the first day of each month. For example, for October program, fees should be paid by Oct 1. Without a payment plan in place, you may be charged a late fee. Please speak to us in the office to arrange a payment plan anytime you may need this so that late fines will be prevented. We follow the school calendar and are closed for 2 weeks in December and March. We are open on some school Professional Days. Our fees are averaged over ten months, so the **cost is the same every month.** Late pick ups may incur a **late fee** of \$1.00 per minute. Please call or text 250-533-9851 if you know you will be late.

Please select your preferred payment method:

- Cheque
- Cash
- Debit (Administration Fees are charged)
- Credit card left on file (Administration Fees are charged)
- E-transfer to officeccsa@eagletree.ca (no security question needed)

Please note: Your child is **not enrolled with a reserved space until:**

- We discuss any diverse needs your child may have.
- All the fees and documents listed above have been received in the office.

CHILD INFORMATION

Date of Enrollment:	Sept 2-11 Gradual Entry Week	Last Expected Date of Attendance: 30 June 2027	
Child's Full Name:		Name Child Responds To:	Gender:
Date of Birth:	Child's First Language: Additional language?		
Home Phone Number:	Care Card Number:		
Home Address including postal code:			
Family Email Address:			
Do you wish to receive our newsletters to this email? Yes / No			

PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Full Name	Phone:
Address (If Different from Above)	Email:
Place of Work and Usual Hours	Hours
Father's/Guardian's Full Name	Phone
Address (if Different from Above)	Email:
Place of Work and Usual Hours:	Work Phone:

PERSONS AUTHORIZED TO ACCEPT CALLS / PICK UP YOUR CHILD in case of EMERGENCY or SICKNESS. Emergency Contacts MUST live close by, provide identification, and be available to drive child if needed.

Full Name:	Relationship:	Phone:
Full Name:	Relationship:	Phone:
Full Name:	Relationship:	Phone:

PERSONS NOT PERMITTED ACCESS TO YOUR CHILD (Please provide a photo if possible)
Note: If the prohibited person is your child's birth parent, we need a copy of the court order on file.

Full Name:	Relationship:
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EMERGENCY HEALTH INFORMATION (Parents are called first)

Doctor/Walk-in Clinic:	Phone:
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NAMES OF OTHER CHILDREN LIVING AT HOME

Name:	Age:
Name:	Age:
Name:	Age:

SUPPLIES CHILDREN BRING:

- Packed lunch (we supplement snack contributions with cheese and more).
- Send a Water Container (water only) with the child’s name clearly labeled.
- We go outdoors every day! Please dress your child for the weather.
- In your child’s backpack please include a named bag with a complete change of clothes (including 2 pairs of socks and underwear)
- Please update spare clothes to fit as children grow and as the weather changes. Clothes will stay in the backpack and go home each day. Please check for laundering as needed.
- We provide Muddy Buddies, so layers of clothing are best during colder months.
- Appropriate footwear is important. Boots for the rain and snow and running shoes for other weather. **No open toed shoes or flip flops** which can be a hazard and impede running.
- Indoor shoes are optional. Children may bring slippers for inside.

The following questions are designed to help us get to know our Eagle Wings Preschoolers and help them to achieve their best possible self growth in a learning environment of friends, curiosity and play.

HEALTH/NUTRITION: Please add relevant details. A Care Plan May be Required

Is your child potty trained without pull ups during the day? Yes / No
Special instructions concerning medications? Yes / No
Special instructions concerning diet? Yes / No
Any known health related problems/medical disabilities or depressed immune system? Yes / No
Allergies? Yes / No
Are there any indications of vision or hearing problems? Yes / No

BEHAVIOUR, SOCIAL AND EMOTIONAL DEVELOPMENT (Please explain answers)

	YES	NO
Are there any cultural or religious practices in your family that we should be aware of?		
Has your child had previous experience away from home?		
Is your child under the care of or on a waitlist for a specialist? Example: Speech		
Does your child have a diagnosis from a pediatrician or other specialist?		
Do you have any concerns or questions regarding your child's development or behaviour?		

PARENTING ARRANGEMENTS (Regarding Separation, Adoption, Foster, Guardian, Divorce Situations)

<p>Are both biological / adoptive parents living together with the child? YES / NO (If YES, Move to the AUTHORIZATION section).</p>
<p>Please circle your custody arrangement: Informal / Formal (through the courts)</p>
<p>Household 1. Please name the adults living with the child and their relationship:</p>
<p>Household 2. Please name the adults living with the child and their relationship:</p>
<p>INFORMAL ARRANGEMENT: (No legal documentation) Please give details (such as days) of your arrangement.</p>
<p>FORMAL LEGAL ARRANGEMENT: Do you have legal documents? Yes / No (For example: Current Court papers signed by Judge and stamped by the court / Mediation or MCFD documents. ATTACH CURRENT (Relevant) DOCUMENTATION; Custody Agreements, Ministry of Children and Families Involvement, Restraining Order, R.C.M.P Involvement</p>

Eagle Wings Staff have the Authority to:

YES NO

Take my/our child/ren on “out-trips” from the school walking to locations on and around the school property. (Necessary)	Initials:	(Necessary)
I will keep my child at home if I am unable to drive to a scheduled field trip (required).	Initials:	(Necessary)
Drive my child in a personal vehicle with proper liability insurance, and organization owned booster seats, in extreme circumstances, knowing staff will immediately reach out to parents as well.	Initials:	Initials:
Call a medical practitioner or ambulance for my/our child in case of accident or illness, knowing staff will immediately reach out to parents.	Initials:	Initials:

PHOTO AND ACTIVITY AUTHORIZATION - Must be initialed

YES NO

PHOTOS: of your child are necessary for emergency forms. Please initial to indicate your understanding of this legal requirement.	Initials:	(Necessary)
Photos for CCSA Eagle Tree Use: examples: artwork, wall displays, decorations, journals, scrapbooks	Initials	(Yes, important)
Photos without names for CCSA Eagle Tree Websites, Facebook, Brochures, Newsletters, and Posters	Initials	Initials
Photos for Class Yearbook Use: A bound copy book with only our Eagle Wings families. (names could be used)	Initials	Initials
Photos without names for Pedagogical Narration posters and booklet.	Initials	Initials
Photos without names for Class Email Messages: Letters are sent home with narratives only for our Eagle Wings families in that class.	Initials	Initials

WITHDRAWAL PROCESS

<ol style="list-style-type: none"> Any outstanding balance must be paid before notice of withdrawal is accepted. Please give one month’s notice by email or letter on or before the first of the month. Notice given AFTER the first of the month is applied to the following month. SUMMER WITHDRAWALS Should you register ahead of time, and change your mind for any reason, we require notice by August 1st, in writing or by email, in order to issue a refund of your deposit, less the administration fee.
LATE PICK UP: Due to licensing regulation late fees will be charged to families that arrive after 3:00pm to pick up their child. Late fee is \$1.00 for every minute over 3:00pm. EG: If you arrive at 3:05 for pick up, you will be charged a \$5.00 late fee.
FEE AVERAGING: We follow the school calendar and are closed for 2 weeks in each of December and March. We are open on some School District Professional Days and closed on some. Our fees are averaged over all the months, so the cost is the same each month.

CLOSURES: Should our organization close due to unexpected staff shortages, you will be refunded for the time you have missed. We will NOT refund closures due to the weather (snow or heat) or occurrences we cannot control. Please check the School District #79 website for incidental closures. Please check our Newsletter, Rhythm of the Month, for scheduled closures.

MONEY DETAILS: If you go on holiday, you must pay to hold your child's spot. If you withdraw and re-register, you will be required to pay full administrative charges. Refusal to pay charges may result in termination of services.

COMMUNICATION: You are free to speak to preschool teachers outside of program time. During class time, please come into the office to speak to our Administrator or Executive Director about any concerns, questions, to book an appointment, or just to say hello.

Preschool Staff: I have fully explained the deposit, fees, fines and withdrawal process.

PRINT

SIGN

Parent: I understand and agree to comply with these payment, deposit, fines and withdrawal processes.

PRINT

SIGN

It is understood that throughout this form permissions given by the enrolling adult represent the entire custodial guardianship, UNLESS we are given documentation that states otherwise. When there are 2 separate (legal) guardians, both signatures are requested on the last page.

By my/our signatures I/we understand the following:

- This is a learning-through-play and child-initiated curriculum, designed by the Eagle Wings teachers according to their education and experience.
- Our program includes daily outdoor play for all children.
- We are a teaching facility and have a relationship with VIU that includes a yearly practicum student.
- Eagle Wings participates in a Pedagogical Narration Collaborative that includes regular visits from a pedagogist.
- My/our child will join in some or all of the activities, practices and education offered.
- My/our child may choose not to participate in every opportunity we offer. We follow a child-initiated learning concept.
- As an inclusive program, we accept children with diverse needs, learning styles and a range of developmental stages. This gives all our children the opportunity to learn to accept differences with empathy.
- I/we understand that if the teachers organize field trips during the year I am/we are required to provide an adult to attend and drive my child.
- I am /we are free to discuss any concerns or positive thoughts I might have about the program or my child's development during an appointment with CCSA Eagle Tree staff.
- CCSA Eagle Tree staff are committed to serving the best interests of your child with open communication including positive thoughts and concerns.
- CCSA Eagle Tree staff ask for commitment to solving problems in person and together, rather than airing a grievance publicly.

- Parents/Guardians are welcome to be a volunteer helper in the class and this can be arranged with the teachers.
- I /we will notify the preschool when my/our child will be absent. Text Eagle Wings @ (250)-533-9851
- I/we agree to the terms and conditions of this contract and will be responsible for the financial agreement and withdrawal processes as outlined.
- CCSA Eagle Tree (Chemainus Crofton Community Schools' Association), provider of Eagle Wings Preschool, and its facility provider School District #79 are not liable for any injury or mishap sustained during any preschool activities.

I/we, _____
parent(s)/guardian(s) of _____ hereby authorize Eagle Wings
Preschool to obtain/provide the above services for my/our child. I/we also confirm that the information
provided in this form is accurate. If there are any changes in the information provided I/we agree to inform
the preschool immediately.

I hereby release the Chemainus Crofton Community Schools' Association and the School District #79,
Cowichan Valley, and waive all claims I may have against, and release from all liability and agree not to sue
the boards, their officers, employees, agents, volunteers and representatives for any personal injury, death,
property damage or loss sustained and resulting from participation in this program.

Signed by parents/ guardians and **witnessed** by CCSA Eagle Tree staff on _____ (date)

X _____
Signature of Parent/Guardian

X _____
Printed Name of Parent/Guardian

X _____
Signature of Parent/Guardian

X _____
Printed Name of Parent/Guardian

X _____
Signature of CCSA Eagle Tree Staff

X _____
Printed Name of CCSA Eagle Tree Staff

