



North & South Shuswap Community Resources

Sorrento Playschool Registration Form

Sorrento Playschool is a licensed play based learning centre offering programming for 3 & 4 year old children Tuesday-Friday from 8:30-11:30 am. As per licensing requirements, children must be 3 years of age to enter the program.

We have included a detailed parent handbook outlining the specifics of the program philosophy and goals for children attending the Sorrento Playschool.

A registration fee of \$25.00 is required to reserve a space at the playschool. The registration fee is non-refundable and is put toward administrative costs.

To ensure a space, we require the following:

- Post-dated cheques dated the first of each month (September through June) or a signed e-transfer agreement- **Please make cheques payable to the NSSCR**
- Completed Registration Form
- Photocopy of your child's current immunizations or complete form in package
- \$25.00 Registration Fee
- A current photograph of your child

Registrations can be dropped off at the playschool-1135 Passchendale Rd, Sorrento

Programs & Fees

An integrated 3 & 4 year old class is available **Tuesday, Wednesday, Thursday & Friday from 8:30-11:30 am**. Families are invited to register in a two, three or four day a week program. Fees are as follows:

2 days per week \$100/month

3 days per week \$150/month

4 days per week \$200/month

Child Care Subsidy Information

The BC provincial government provides a subsidy to help families meet the cost of having their children attend playschool. Rates and eligibility are based upon family income and size. Visit

http://www.mcf.gov.bc.ca/childcare/subsidy_promo.htm

Sorrento Playschool Enrollment Form

Date: _____

Days Requested: _____

Child's Full Name: _____

Child's Called Name: _____

Child's Date of Birth: _____

Boy

Office Use Only:

Days Assigned: _____

Girl

Date of withdrawal: _____

| | Parent/Guardian | Parent/Guardian |
|-------------------------|-----------------|-----------------|
| Name: | | |
| Address: | | |
| Primary Phone: | | |
| E-mail: | | |
| Alternate Phone: | | |

Emergency Contacts:

Contact #1

Contact #2

| | | |
|-------------------------|--|--|
| Name: | | |
| Address | | |
| Primary Phone: | | |
| Alternate Phone: | | |

Persons dropping off and/or picking up child:

| Name | Phone |
|------|-------|
| | |
| | |
| | |
| | |

Non Authorized Pick-up

Please list any people not authorized to pick up your child

| Full Name |
|-----------|
| |
| |
| |

Are there custody orders? Yes No

If yes, please include copy

MEDICAL INFORMATION

Personal Health Number: _____

Family Doctor: _____

Phone: _____

Family Dentist: _____

Phone: _____

Please provide full details of any allergies/sensitivities to any food, drug, or substance.

Please describe any disabilities, illnesses, or previous accidents.

Please indicate if there are any medications, special diets, or treatments that your child requires.

Is your child using the toilet?

Does your child prefer to use special words for toileting?

Immunization Schedule– Please complete or provide copy of record for file

| | 2 mo. | 4 mo. | 6 mo. | 12 mo. | 18 mo. | 4-6 YR. |
|--|-------|-------|-------|--------|--------|---------|
| Diphtheria Pertussis Tetanus | | | | | | |
| Haemophilus Influenza Type B (Hib) | | | | | | |
| Poliomyelitis | | | | | | |
| Measles Mumps Rubella | | | | | | |
| Chicken Pox | | | | | | |

If you have chosen not to immunize please write a sentence indicating this below, and sign.

Signature

PERMISSION FORM: PHOTOGRAPHS

Child _____ Date _____

I hereby give permission for photographs of my child to be taken and used in relation to the North & South Shuswap Community Resources. These may be posted on bulletin boards in our playschool, website, photo albums and in our year end slide show.

Signature of Parent or Guardian

E-Transfer Agreement

By signing below I agree to send my monthly fee by e-transfer the first day of each month, beginning September 1st until June 1st. I agree to add a \$3 late fee for any transfer sent after the first day of the month.

Please send the E-transfer to: nsscr@live.ca

The password to set up will be: Sorrentopreschool

Student Name: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____

Signature

Date