Purcell International Preschool Limited

8687 Highway 95A
Kimberley, British Columbia V1A 3M3
Phone: 250-427-3969 | Email: info@purcellpreschool.ca
Web: www.purcellpreschool.ca | /purcellpreschool

Registration Date: _____

Start Date: _____

Child & Parent/Guardian Information

Child first name:		Middle name:		Last name:
Date of Birth:	Sex:	Full day (Forest Preschool) 5 days___3 days___2 days___		Full day (Morning Preschool + Afternoon Daycare) 5 days___3 days___2 days___
Full day (Infant-Toddler) 5 days___3 days___2 days___		Half day (Morning Preschool only) 5 days___3 days___2 days___		Purcell staff/homestay/other? Yes ___ No ___
Parent/Guardian first name:		Parent/Guardian last name:		Relationship to child:
Home Phone #:	Cell phone #:	Work phone #:	Place of work:	Occupation:
Parent/Guardian first name:		Parent/Guardian last name:		Relationship to child:
Home phone #:	Cell phone #:	Work phone #:	Place of work:	Occupation:
Home address:		City/Town:		Postal Code:
Email:		Email:		

Alternate Contact/Pick-up Person

List of people **other than** the Parent/Guardian who have permission to pick up child from school.

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

Unauthorized Contact/Pick-up Person

List of people **not permitted** to contact school about child and/or pick-up child from school.

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

Emergency Contact Persons (will only be contacted if Parent/Guardian cannot be reached)

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

Emergency Consent

In the event of a medical emergency, I consent to a medical practitioner or ambulance being called in case of accident or illness if the Parent/Guardian cannot immediately be reached and understand that any costs incurred will be my/our sole responsibility.

Print name: _____ Signature: _____

Print name: _____ Signature: _____

Medical Information

Doctor name:	Doctor phone #:	BC Health Care number:
Medical conditions/concerns:	Allergies:	Medication:

Additional information:

Media Consent

I/We hereby consent for photos and/or videos of our child to be used by Purcell International Preschool Limited online (website, social media channels, email), in print (calendar, brochure, newspaper articles or ads, etc.), and/or on television. No names will be used unless additional permission is obtained in advance.

Important: this is not an optional consent. Children of parents/guardians who do not complete this section will not be accepted by the Preschool.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Field Trip Consent

I/We give permission for my/our child to take part in any local field trips within walking distance of the Purcell International Preschool grounds at Meadowbrook School. Trip-specific permission forms will be sent home for any field trip requiring transportation by vehicle.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Indemnity Agreement

I/We, the undersigned, hereby agree that I/we am/are solely responsible for any liability or harm suffered by my/our child/child while enrolled in programs offered by Purcell International Preschool Limited ("the Preschool"), including (without limitation) any liability or harm resulting from the negligence of the Preschool, its Directors, its staff, employees, licencees and/or its volunteers (referred to collectively as the "Indemnified Persons") and regardless of whether such liability or harm arose on Preschool property or during Preschool operating hours, and that I/we WILL INDEMNIFY AND HOLD HARMLESS the Indemnified Persons from any liability for harm suffered by my/our child/children while enrolled in the Preschool.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Fee Payments, Overdue & Refund Policy

Registration fees are non-refundable and non-transferable. I/We agree to pay my monthly fees in the first week of each month. Monthly fees can be paid by e-transfer to fees@purcellpreschool.ca, credit card (third-party processing fee may apply), or posted-dated cheque. I/We agree to give one month's notice of withdrawal or will be responsible for that month's fees. I/We acknowledge and accept that when fees are outstanding for 14 days, my child may be withdrawn from the Preschool. A $45.00 fee will be charged by the Preschool on all NSF or returned cheques.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Late Pick-up Policy

Our childcare facility closes at 5:00 PM daily. Parents/Guardians picking up their child will be charged $30.00 for being 1 – 20 minutes and $1 per minute after that. The late fee must be paid prior to the child returning. I/We understand that I/we will incur a late fee and may risk termination of my/our child's enrolment if this is an ongoing occurrence. Important: the Ministry of Children & Family Development (MCFD) will be notified if a child is not picked up by 6:00 PM without communication from a Parent, Guardian, or an above-listed Alternate Pick-Up person to explain the nature of the delay and to confirm a revised pick-up time and/or alternate plan.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Parent/Guardian Confirmations and Acknowledgements

I/we am/are not aware of any reason why my/our child cannot successfully participate in a preschool and/or group daycare program. I/we understand that if behaviours, challenges or other issues arise that are beyond the capacity of the Preschool staff to address and/or accommodate and/or that if such behaviours, challenges or other issues negatively impact the experience and/or safety of the staff or other children, my/our child may be withdrawn from the Preschool at its sole discretion.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Acknowledgment of this Agreement

I/we have read and understand this this registration form in its entirety including its Indemnity Agreement. I/we have also read and understood the Preschool's Policy Manual and the Forest Preschool Family and Volunteer Handbook (if my/our child is participating in this program).

Print name: _____ Print name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

For office use only

Copies of the following have been received:

- ☐ Registration fee (non-refundable)
- ☐ First month's fees
- ☐ Copy of BC Care Card
- ☐ Copy of birth certificate
- ☐ Copies of Immunization Record or letter of explanation in absence thereof

Withdrawal date from program(s): _____

Form version: 2024-08-16