



NANAIMO CHRISTIAN SCHOOL

EARLY CARE AND LEARNING

Pre-School and Junior Kindergarten 2023/2024 Registration Form

for children 36 months to 5 years

Child's Name:		
Start date:	Age:	Birthdate: DD/MM/YY
Parent's Name:		

\$50.00 Registration Fee included

Check off the **program or programs** you wish to register for. If your child is old enough for Junior Kindergarten then you may choose to pair a Preschool class and a Junior Kindergarten class to create a full day option, to a maximum of 3 days. We **do not** have any 5 day a week options.

Preschool	2-morning per week	Tues/Thurs	8:30 - 11:30 am	\$139.20 per month
Preschool	3-morning per week	Mon/Wed/Fri	8:30 - 11:30 am (Fri until 12:00)	\$208.81 per month
Jr Kindergarten - 2 day program 4 year olds only	(Mon/Wed or Tues/Thurs)	11:45 - 3:00 pm		\$200.45 per month

***** Preschool is closed for Statutory Holidays and School Closures*****

I understand that by enrolling my child for the above program, I am responsible for the total cost of care. I understand that if I wish to withdraw my child's enrolment in entirety, or in part, I must contact NCS in writing **Four Weeks** prior to the time care is to be given in order to have the fees waived.

Parent Signature

Name (Please Print)

Date



NCS EARLY CARE AND LEARNING

Pre-School and Junior Kindergarten

Application Form for children 36 months to 5 years

Family Information	<p>Child's Name: _____ Age: ___ Birth date: DD/MM/YY Gender: M F</p> <p>Name of Enrolling Parent: _____ Cell Phone: _____</p> <p>Street Address: _____ Home Phone: _____</p> <p>City: _____ Postal/Zip: _____ Email: _____</p> <p>Employer: _____ Work Phone: _____</p> <p>Name of Second Parent: _____ Cell Phone: _____</p> <p>Street Address: _____ Home Phone: _____</p> <p>City: _____ Postal/Zip: _____ Email: _____</p> <p>Employer: _____ Work Phone: _____</p> <p>Siblings Names & Ages: _____</p>
Custody Restrictions	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so please attach court order and state general conditions here: _____</p> <p>_____</p> <p>Persons NOT authorized to pick up child: _____</p>
Program Information	<p>Have you previously applied to NCS Early Care and Learning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where did you initially hear about NCS Early Care and Learning?</p> <p><input type="checkbox"/> Advertising <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Family</p> <p><input type="checkbox"/> School Newsletter <input type="checkbox"/> School Website <input type="checkbox"/> Child Care Resource and Referral</p> <p><input type="checkbox"/> Other: _____</p>
Emergency Contacts	<p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>Name: _____ Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
Arrivals & Departures	<p>CHILDREN WILL NOT BE RELEASED ON THEIR OWN. CHILDREN MUST BE SIGNED OUT OF THE PROGRAM BY A PARENT OR BY AN ADULT AUTHORIZED TO PICK UP.</p>

**Persons
Authorized to
Pick up Child**

Check if same as
above

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Health

Family Doctor **or clinic** you use _____ Phone _____

BC Medical Health Number _____

All disclosures are kept confidential and assist us as we provide the best program for your child.

Has your child had any surgeries or health problems?

Yes No

If yes, explain: _____

Has your child participated in any programs with the Child Development Center or VIHA?

Hearing Vision Physical Therapy & Development Social & Occupational Therapy

If yes, explain: _____

Does your child have any extra support needs? Yes No

If yes, explain: _____

Does your Child require a Support worker at Preschool: Yes No

Does your child take any regular medications: Yes No

If yes, explain: _____

**If any medication needs to be take at school you will need to complete an 'AUTHORIZATION
TO ADMINISTER MEDICATION FORM'**

Does your child have any allergies? Yes No

If yes, explain: _____

Any dietary restrictions? _____

Immunization	Please indicate the dates on which immunization was administered:							
		1 st visit	2 nd visit	3 rd visit	12 months	18 months	5-6 years	Grade 6
	Diphtheria				N/A			N/A
	Pertussis				N/A			N/A
	Tetanus				N/A			N/A
	Poliomyelitis				N/A			N/A
	HIB				N/A		N/A	N/A
	Measles	N/A	N/A	N/A			N/A	N/A
	Mumps	N/A	N/A	N/A			N/A	N/A
	Rubella	N/A	N/A	N/A			N/A	N/A
Hepatitis B				N/A	N/A	N/A		

PLEASE NOTE: Vancouver Island Health Authority requires these dates to be on file. Preschool does not keep these dates on record from year to year. Photocopies are accepted.

General	<p>Has your child previously attended a daycare or a Preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there any other information about your child that would be helpful for the staff in order to best care for your child? (Needs, concerns, interests, hobbies, etc.)</p> <p>_____</p> <p>_____</p> <p>Church your family attends? _____</p>
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Policies & Procedures	<p>Please read the NCS ECL Parent Handbook to be aware of all our policies and procedures.</p> <p><input type="checkbox"/> I have read and accepted the policies and procedures outlined in the NCS Early Care and Learning Parent Handbook.</p> <p>_____</p> <p style="text-align: center;">Signature Date</p>
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Permissions	<ol style="list-style-type: none"> I hereby give permission for my child _____ to go on walking field trips arranged by Preschool Program Staff (I understand that I will be informed in advance of any field trips requiring transportation): <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby give permission to have pictures taken of my child in the program setting for general record keeping and publicity purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No I understand that in case of an accident or illness, if a parent or guardian cannot be reached, NCS ECL Preschool will call an ambulance and a staff will accompany your child to the hospital. I give my authorization for emergency health services. I accept all responsibility for payment of all accounts for services rendered to my family. I certify that the information given in this form is complete and true in every respect, and that I am the legal Parent/Guardian of _____. <p>_____</p> <p style="text-align: center;">Signature Date</p>
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NCS Early Care and Learning Application Checklist

Please take time to ensure that the following information has been completed.

Incomplete applications will be returned and your child's spot will not be finalized until the package is complete.

- Application forms are **complete** and **signed** including -
 - Immunization information or photocopy of record
 - Legal copy of Custody Restrictions (if applicable)
- Copy of child's Birth Certificate
- Recent photo of your child
- 50.00 Registration fee

Thank you for your application to
NCS Early Care and Learning

OFFICE USE ONLY			
Date Received		Days Enrolled	
Entered		\$50 Registration Fee	CASH / CHQ # ___ / ET / Debit
Comments			
	Start Date:	Withdrawal Date:	