



Application Form

SY 2024-2025

Student Information

Name of Child _____ Date of Birth ____/____/____
Surname Given Name/s YYYYY MM DD

Place of Birth _____ Citizenship _____ Sex Male Female

Address _____ City _____ Postal Code _____

Child's Religion _____ Date of Baptism ____/____/____
YYYY MM DD

Language Used at Home _____ Any EPI PEN Requirement? Yes No

Parents' Information

Name of Father _____ Occupation _____

Employer _____ Work Phone # _____ Cell # _____

Email _____ Religion _____

Name of Mother _____ Occupation _____

Employer _____ Work Phone # _____ Cell # _____

Email _____ Religion _____

Guardian or Other Person/s Authorized to Pick-Up Child

Name _____ Relation to Child _____ Work/Cell # _____

Name _____ Relation to Child _____ Work/Cell # _____

Checklist of Requirements

Returning Student

- ___ a) Application Form & Signed Policies
- ___ b) Application Fee (\$55)
- ___ c) School Supplies Fee (\$75)
- ___ c) Updated Health & Emergency Info (if any)
- ___ d) Sept. Tuition (Due July 1) + Void Cheque or CC Authorization

Date Received: _____

Start Date: _____

New Student

- ___ a) Application Form & Signed Policies
- ___ b) Application Fee (\$55)
- ___ c) School Supplies Fee (\$75)
- ___ d) Copy of Birth Certificate
- ___ e) Copy of Baptismal Cert, if applicable
- ___ f) Copy of Vaccination/ Health Record
- ___ g) Emergency Contact Info
- ___ h) Emergency Tag
- ___ i) Sept. Tuition (Due July 1) + Void Cheque or CC Authorization

Date Received: _____

Start Date: _____

NOTE: An application fee of **\$55.00 per family** will be due and payable at the time of application

POLICIES & PROCEDURES

1. Enrollment Process (PARENT'S INITIAL _____)

STEP 1 – Fill Out Application Form

STEP 2 – Submit Complete Requirements to the Parish Office

Returning Student

Application Form & Signed Policies

Payment of Application Fee (\$55)

Payment of School Supplies Fee (\$75)

Submit Updated Health & Emergency Info (if any)

Sept. Tuition (Due July 1) + Void Cheque or CC Aut.

New Student

Application Form & Signed Policies

Payment of Application Fee (\$55)

Payment of School Supplies Fee (\$75)

Submit Copy of Birth Certificate

Submit Baptismal Cert, if applicable

Submit Vaccination/ Health Record

Submit Emergency Contact Info

Submit Emergency Tag

Sept. Tuition (Due July 1) + Void Cheque or CC Aut.

STEP 3 – Assessment of Student Applicant

STEP 4 – Receive Email Confirmation of Enrollment

Note: PLEASE USE THIS TO ENSURE YOUR APPLICATION IS COMPLETE. Incomplete applications will NOT be processed.

2. Policy on Payments (PARENT'S INITIAL _____)

- The Application Fee (\$55), First Month Fee, School Supplies Fee (\$75), and School T-Shirt (\$20) would be settled upon registration/ enrollment of the child.
- For cheque payments, postdated cheques dated on the 1st of each month from October to June should be provided upon registration, following specified amounts in the Fee structure attached herewith.
- Please make cheques payable to **Precious Blood Parish** with child's name noted on the memo line.
- If needed, please request for a Credit Card Authorization Form from the office. Credit card payments will carry a surcharge of 3% per transaction.
- Parents must submit a written notice 1 month in advance to cancel or modify their child's enrollment in the Preschool Program. Refunds will not be issued for period of absence in the program.
- In the event additional preschool days are added, a prorated amount of the difference must be settled for the next billing cycle.
- A withdrawal fee of \$50 is charged if the child is withdrawn with less than 30 days written notice. The Application Fee is non-refundable.

3. Policy on Child Pick-Up (PARENT'S INITIAL _____)

Your child(ren) will only be released to individuals listed in the designated pick-up section of this application. If someone not listed as a pick-up person arrives to fetch your child, we will promptly contact you for authorization. If, for any reason, we are unable to reach you, your child will not be released until proper permission is obtained.

4. Policy on Health (PARENT'S INITIAL _____)

- Children should not be sent to preschool if any of the following conditions are present: Vomiting, Diarrhea, Fever, Severe Cold or Cough, Conjunctivitis, or any other contagious diseases. Please advise us immediately about contagious conditions, ie lice, scabies, hepatitis, chicken pox, measles, etc.
- Medication will not be administered at school unless it is prescribed by a physician and a medication form filled out by the parent. This includes Tylenol, lozenges, cough syrup, etc
- In case of emergency concerning your child, you will be called immediately. If you cannot be reached, the emergency contact person will be called.

5. Parents' Consent on Privacy and Information (PARENT'S INITIAL _____)

- I consent to having photographs and work samples of my child used by Wee Saints Preschool, at Precious Blood Parish, in the classroom and in other areas within Cloverdale Catholic School.
- I consent to having photographs and work samples of my child used on the website and slide show of Wee Saints Preschool and Cloverdale Catholic School. (Children's full names and family information will NOT be posted on the website.)
- I consent to having my name, phone number and email address sent out on a preschooler/parent list to assist with arranging birthdays, play dates etc.

By signing below, I acknowledge that I have read, understood and agree to the above procedures and policies.

Parent's Printed Name _____ Parent's Signature _____ Date _____



PRESCHOOL PROGRAMS AND RATES

PROGRAMS	# OF DAYS	SCHEDULE	AMOUNT PER MONTH	MODES OF PAYMENT
MORNING PRESCHOOL PROGRAMS	2-Day Program (3 & 4 Yrs. Old)	Tues & Thurs (8:45-11:45 AM)	\$180	AUTO DEBIT CREDIT CARD CASH
	3-Day Program (Pre-Kindergarten)	Mon, Wed, & Fri (8:45-11:45 AM)	\$250	
	5-Day Program (4 Yr. Old)	Mon to Fri (8:45-11:45 AM)	\$420	
AFTERNOON PRESCHOOL PROGRAM	3-Day Program (3 & 4 Yrs. Old)	Mon, Wed, & Fri (12:30-3:00 M&F) (12:30-2:30 Wed)	\$195	AUTO DEBIT CREDIT CARD CASH

NOTE: A withdrawal fee of \$50 is charged if the child is withdrawn with less than 30 days written notice. The Application Fee is non-refundable.

PROGRAM ENROLLMENT

Please mark the checkbox corresponding to the session for which you are registering your child.

Morning Preschool Programs

2-Day Program (Tue & Thurs) 3-Day Program (M-W-F) 5-Day Program (M to F)

Afternoon Preschool Program

3-Day PM Program (M-W-F)

Is there anything you would like to share with us about your child in the following aspects? If yes, please explain.

Health Concern Yes No _____

Speech, Hearing or Vision Concern Yes No _____

Allergies Yes No _____

Learning Challenges or Struggles Yes No _____

Parent's Name & Signature: _____

Date: _____

For Parish Use Only

Slot Availability Verified By: _____

Date: _____

Requirements Assessed By: _____

Date: _____



CHILD IMMUNIZATION STATUS DECLARATION

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensees in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

Child's Name: _____

Date of Birth: _____

Complete Immunization:

- Record on vaccinations attached
- Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine: _____

City & Province (if not in Canada, include country): _____

Incomplete Immunization:

- My child has had some vaccinations
- My child has no vaccinations
- I do not know

Parent's/Guardian's Printed Name	Date
Parent's/Guardian's Signature:	



MEDICAL FORM

Child's Name	Birthdate (mm/day/yr)	Personal Health #
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

EMERGENCY CONTACT IN CASE OF ACCIDENT OR ILLNESS IN SCHOOL:

(In case parents cannot be contacted)

NAME	RELATION	PHONE 1
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state any medical concerns the school should know about that will affect their behavior in school (i.e. Hearing, vision, allergies, or other specific symptoms to watch for) or in the event of an emergency, where your child will remain in our care for 24 to 48 hours (i.e. After an earthquake) Any EPI PEN Requirement? Yes No

Sibling Names	Ages
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Doctor Phone

Dentist Phone

Please list three possible alternative names of friends/relatives, who will be allowed to pick up your children, should you be unable to come for them. **Please consider this carefully as your child(ren) will only be released to the people listed here.**

Name & Relationship	Phone & cell Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Parent's Signature Date



Wee Saints Pre School

This Emergency information tag has been designed to be cut, folded and put inside a small plastic identification tag that is work around the student's neck.

Student's full name

Personal Health #

Address

Phone Cell

Medical Information (should we have to keep child/ren up to 72 hours). Please state allergies

Mother's Name

as well:

Mother's Place of Work

Please sign below giving us permission to administer emergency First Aid or transport to Hospital. We will do everything we can to notify you ahead of time.

Phone # at work

Father's Name

I give permission for Precious Blood Parish & Wee Saints Preschool staff and/or agents to administer necessary First Aid to my child and/or transfer to hospital for treatment.

Father's Place of Work

Phone # at work

Names & phone numbers of the 3 adults who will be allowed to pick-up your child/ren should you be unable:

Please print Student's Name to transport to hospital.

Father's Signature

Mother's Signature