Date Received

FAIRFIELD GONZALES
COMMUNITY ASSOCIATION
the place to connect

Office Use Only:
Registrant has
☐ Care Plan ☐ Allergy/Medical Needs

Fairfield Gonzales Community Association
MOSS ROCK PRESCHOOL 2020-2021

☐ Has attended preschool or daycare before

Child's Information

Child's Name First name | Middle initial(s)

Last name | Sex

Date of Birth | Age as of December 31st, 2020

☐ My child is Immunized (attach immunization) ☐ I choose not to immunize my child

Program Start date (mm/dd/yy)

If you are a returning family please put the date in which you first enrolled in Out of School Care.

OFFICE USE ONLY Program End date (mm/dd/yy)

Siblings attend FGCA program ☐ YES ☐ NO Name(s) & program(s):

Parent/Guardian Information

The **first** parent/guardian listed below will be the primary contact for billing, tax recipient and communication purposes unless otherwise stated. A signature is required from both the parents/guardians listed on this registration document.

(1) Parent /Guardian First name | Last name

Relationship to child | Place of work

Address | City | Postal Code

Primary Phone # ☐ Cell ☐ Home ☐ Work | Secondary Phone # ☐ Cell ☐ Home ☐ Work

E-mail | Signature

(2) Parent /Guardian First name | Last name

Relationship to child | Place of work

Address | City | Postal Code

Primary Phone # ☐ Cell ☐ Home ☐ Work | Secondary Phone # ☐ Cell ☐ Home ☐ Work

E-mail | Signature

Information collected is for the administrative and/or operational functions of the Fairfield Gonzales Community Association as authorized by the BC Societies Act. The information supplied on this form is for the custody and control of the care facility collecting such information as required by the Community Care and Facilities Licensing Regulation. This information will be used and maintained in accordance with the Personal Information and Privacy Act (PIPA)

Separate Family and Billing Information

Separate families with legal custody agreements are required to provide a copy to the FGCA. If you do not have a legal agreement please complete an FGCA arrangement form. Arrangements will include the child's pick-up schedule and payment responsibility.

I am providing a mutually agreed upon custody arrangement ☐ Yes ☐ No

If you require split tax receipts please indicate the parent(s)/guardian(s) , the required percentage split and provide separate payments
*Please note that the FGCA is only able to provide tax receipts to the account holder(s) listed on the PAD form

Parent/ Guardian _____ % of split _____ Parent/ Guardian _____ % of split _____

Additional Care Needs or Support Needs for your Child

Your Child's Stage -Please advise by checking either 'Yes' OR 'No'	YES	NO
My child is able to toilet independently	☐	☐
My child has speech challenges	☐	☐
My child has anxiety in social settings	☐	☐
My child has recently had a major change at home (new sibling/divorce/separation/move)	☐	☐
My child has an allergy	☐	☐
My child has a vision problem	☐	☐
My child has a hearing problem	☐	☐
My child has a medical disability	☐	☐

IMPORTANT: If your child has a life threatening condition, their photo along with condition details will be posted on a medical board the manager's office and Community Centre office. This practice helps to ensure your child is safely cared for by all centre staff. Please speak to your manager if you have questions regarding the medical board and it's use.

Photo Requirement and Photo Release- Please advise by initialing the following:	Yes	No
I permit the FGCA to photograph my child for their narration panels and internal communications (i.e. Newsletter)	☐	☐
I permit the FGCA to photograph my child for our agency publications/website	☐	☐
I permit the FGCA to photograph my child for educational purposes	☐	☐
Please sign to acknowledge that you understand that the FGCA is required by VIHA to have my child's photograph on file for identification purposes.		

Notification for Risk Acknowledgement

The primary parent/guardian filling out the form is required to initial all notification for risk acknowledgments. The guardians listed on the registration package must sign below acknowledging the notification for risk

The FGCA will take every reasonable safety precaution to prevent injuries from occurring. If my child is injured while in attendance of the program, I understand and acknowledge that there are risks associated with park and playground play. _____

The FGCA travels to out-trip locations by public transportation or on foot. I understand precautions and safety measures will be taken by the FGCA staff and acknowledge that risks associated with travel and transportation. _____

The FGCA staff are trained to perform basic first aid. In the case of illness or accident your child may require basic first aid. The FGCA has my consent to administer first aid to my child. _____

The FGCA staff are not medical professionals. Should your child require an ambulance and/or medical attention, and I cannot immediately be reached, the FGCA will call an ambulance. I understand that I am responsible for all fees associated with medical intervention. _____

Guardian Signature _____ Guardian signature _____

Office Use Only - Registrant has: ☐ Care Plan ☐ Allergy/Medical Needs ☐ Custody/Pick Up Arrangement

Fairfield Gonzales Community Association Preschool Emergency Form 2020-2021

Please fill in form completely and accurately as it travels with your child in case we need to reach a parent/guardian or alternative pick-up for any reason

Child's Name: First name _____ Middle initial _____ Last name _____

Age as of September 2019 _____ Sex _____ Birthdate _____

Allergies or Medical Conditions _____

Family Doctor's Name _____ Doctor's Phone # _____

Medical Number _____ **PHOTOGRAPH** ☐ Yes, my child's photo is attached to the next page

Parent and Guardian Information

(1)Parent/Guardian's Full Name _____ Address _____

Primary phone # _____ ☐ Cell ☐ Work ☐ Home Secondary phone # _____ ☐ Cell ☐ Work ☐ Home

(2)Parent/Guardian's Full Name _____ Address _____

Primary phone # _____ ☐ Cell ☐ Work ☐ Home Secondary phone # _____ ☐ Cell ☐ Work ☐ Home

Three Local 19+ Emergency Pick-up Contacts - other than Parent/Guardian (MANDATORY)

Emergency pick-up contacts are utilized when the FGCA is unable to reach you or if you require a pick-up other than yourself

We will contact in sequence

Name _____ Relationship to the child _____

Primary Phone # _____ ☐ Cell ☐ Work ☐ Home Secondary Phone # _____ ☐ Cell ☐ Work ☐ Home

Special Instructions (if applicable): _____

Name _____ Relationship to the child _____

Primary Phone # _____ ☐ Cell ☐ Work ☐ Home Secondary Phone # _____ ☐ Cell ☐ Work ☐ Home

Special Instructions (if applicable): _____

Name _____ Relationship to the child _____

Primary Phone # _____ ☐ Cell ☐ Work ☐ Home Secondary Phone # _____ ☐ Cell ☐ Work ☐ Home

Special Instructions (if applicable): _____

Persons NOT permitted access to the child (Please provide legal documents, if applicable)

Name _____ Relationship to the child _____

Name _____ Relationship to the child _____

Parent Handbook- Parental Agreement

By signing below I/we confirm that I/we have read and understand all expectations and guidelines outlined in the parent/guardian handbook.

All guardians listed on the registration package must sign below acknowledging and taking responsibility for all expectations and polices outlined in the parent/ guardian handbook.

Guardian Signature (1) _____ Guardian Signature (2) _____

Registration

Preschool Fees Structure

2 days $220
3 days $265
5 days $435

Program Hours: 9am-1pm
** Chose from a minimum of 2 days and a maximum of 5 days. Please note, we do our best to accomodate all requests but, if space permits, priority is given to families registering for 5 days a week*

☐	3 DAYS M / W / F
☐	2 DAYS T / TH
☐	5 DAYS

Additional comments relating to registered days:

_____
_____
_____
_____
_____
_____
_____

Child's photo

Attach child's photo here (COLOUR)

Important notes/instructions regarding your child' s photo:

- Please provide a 4 x6, clear, colour photo of your child. It is important that, in the event of an emergency, we are able to clearly identify your child from the photo provided.
- This photo is used internally for emergency purposes and will not be used for publications or on display boards.
- Photo release authorization is on page 2 of the registration package and refers to photos taken during program.

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Print Form