

		<h1>LITTLE FAWN NURSERY</h1> <h2>ENROLLMENT FORM</h2>		Address: 360 Chief Alex Thomas Way											
				Office Phone: (250) 828-9734   Cell Phone: (250) 819-3412											
				Fax: (250) 314-1556   Email: jessica.arnouse@kib.ca											
<b>CHILD INFORMATION</b>															
Name															
Start Date: (office use only)			End Date: (office use only)												
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Birth Date: DD/MM/YYYY												
<b>PROPERTY ADDRESS</b>			<b>MAILING ADDRESS</b> <input type="checkbox"/> SAME AS PROPERTY ADDRESS												
Street # & Name			Please complete if different than Property Address												
Apt #	RR #PO Box	Postal Code	Street # & Name												
City			City		Postal Code										
<b>ADMISSION INFORMATION</b>															
<u>Checklist of Documents:</u>  <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Status Card <input type="checkbox"/> Emergency Consent <input type="checkbox"/> Qwemtsin Health		<input type="checkbox"/> Parent Handbook <input type="checkbox"/> Care Card Copy <input type="checkbox"/> Immunization Record <input type="checkbox"/> Subsidy Application <input type="checkbox"/> Child Care Arrangement <input type="checkbox"/> Nominal Roll	Full Time Enrolment (circle)	M	T	W	TH	F	Part Time Enrolment (circle)	M	T	W	TH	F	
		Transportation		<input type="checkbox"/> Sk'elép School Bus <input type="checkbox"/> Parent Drop Off & Pick Up   ➔ Pick Up Time:                      ➔ Drop Off Time:											
		Parent Involvement		<input type="checkbox"/> Yes <input type="checkbox"/> No                      Type of Involvement:											
<b>PARENT/GUARDIAN INFORMATION</b>															
Last Name															
First Name															
Relationship to Child															
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared			<input type="checkbox"/> Sole <input type="checkbox"/> Shared										
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No										
Parental/Guardian Authority...	<input type="checkbox"/> Lives with Child <input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Receives Email		<input type="checkbox"/> Lives with Child <input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Receives Email		<input type="checkbox"/> Lives with Child <input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Receives Email										
<b>*If there are any custody agreements with this child, legal documentation must be filed with the nursery</b>															
Home Phone															
Cell Phone															
Work Phone															
Work Place															
Email Address															
Address	<input type="checkbox"/> Same as Child Address		<input type="checkbox"/> Same as Child Address		<input type="checkbox"/> Same as Child Address										
<b>Property Address (if not living with child)</b>															
Street Address															
RR#/PO Box															
City															
<b>Mailing Address (if different than property address)</b>															
Street Address															
RR#/PO Box															
City															
<b>EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED) – MUST LIVE LOCALLY</b>															
Authorized pick up person must be at least 14 years old.															
Last Name															
First Name															
Relationship to Child															
Property Address															
Home Phone															
Cell Phone															
Pick Up Authority	<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Lives with Child		<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Lives with Child		<input type="checkbox"/> Can Pick Up Child <input type="checkbox"/> Lives with Child										
<b>SIBLING INFORMATION</b>															
Legal Last Name															
Legal First Name															
Birth Date															
Relationship															
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female										

CHILD MEDICAL ALERTS (LIFE THREATENING CONDITIONS)		
Description of Condition		<input type="checkbox"/> Child Care Plan Needed
		Doctor's Name
		Doctor's Phone Number
HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS CHILD MAY BE USING)		
Description of Condition		
Is child currently on medication? If yes, please describe		
CHILD LEGAL ALERTS (COURT ORDERS ON FILE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
Description of Court Order(s)		
OTHER FAMILY ALERTS		
Description of Family Alert(s)		
IS YOUR CHILD OF ABORIGINAL ANCESTRY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please select appropriate status: <input type="checkbox"/> Status On-Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Status Off-Reserve <input type="checkbox"/> Other:	Band of Origin _____ Band of Residence _____ Status Number _____	
PAYMENT POLICY		
The Tk'emlúps te Secwépemc (TteS) promote high quality services as well as educated teachers and caregivers that you expect from Little Fawn Nursery. Child care fees are used to provide the highest possible quality care and the best early childhood experience for your child. Note: The Nursery Administrator will review the entire Payment Policy stated in the Parent Handbook.		
PARENT – CHILD CARE PROVIDER AGREEMENT (This is a legally binding contract – please read carefully)		
As a parent/guardian at Little Fawn Nursery School, I accept, understand and agree to the following conditions:		
<div>✓ That my child's <b>\$60 enrolment fee</b> is due upon signing this enrolment form</div> <div>✓ That my child's child care fee of \$_____ <b>per month</b> must be paid by the first day of each month</div> <div>✓ That failure to pay child care fees for 60 days may result in notice of withdrawal of Little Fawn Nursery child care services</div> <div>✓ All outstanding fees in excess of 30 days are to be paid by certified cheque, cash, debit, or money order</div> <div>✓ Prior to withdrawing my child I will give two weeks (10 business days) written notice to Little Fawn Nursery</div> <div>✓ My nursery child care fee will be paid by:    <input type="checkbox"/> Cash/Cheque      <input type="checkbox"/> Online Banking      <input type="checkbox"/> Child Care Subsidy</div> <div>✓ If I choose to apply for Child Care Subsidy, I understand that my application must be approved <b>within 30 days of enrolment</b></div> <div>✓ Refer to Parent Handbook for further information</div>		
Parent/Guardian Signature 1: _____		Date: _____
Parent/Guardian Signature 2: _____		Date: _____
Witness: _____		Date: _____
PERMISSIONS		
<input type="checkbox"/> I give consent for my child to participate in neighbourhood, curriculum-based off school ground activities.	<input type="checkbox"/> I give consent for my child to have their picture taken for publication and name of my child in the media for publicity, educational, recognition, and news items.	
<input type="checkbox"/> <b>IN CASE OF EMERGENCY</b> , I hereby authorize the administrator or staff to call a physician, get medical assistance, ambulance or take my child to the hospital if necessary. I understand I will be contacted immediately and any and all costs will be my responsibility.	<input type="checkbox"/> I certify that all information above is true and accurate. I understand that any questions about the information recorded on this form must be directed to the Nursery Administrator.	
Parent/Guardian Signature 1: _____		Date: _____
Parent/Guardian Signature 2: _____		Date: _____
OFFICE USE ONLY		
<u>Proof of Age (1 required)</u>  <input type="checkbox"/> Birth Certificate  <input type="checkbox"/> Passport  <input type="checkbox"/> Status Card	<u>Proof of Residency (1 required)</u>  <input type="checkbox"/> Parent Driver's License <input type="checkbox"/> Auto Registration <input type="checkbox"/> Lease/Rent Agreement <input type="checkbox"/> Gas/Hydro Bill <input type="checkbox"/> BC Services Card <input type="checkbox"/> Property Tax Notice	Enrolment Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No  Nominal Roll Student? <input type="checkbox"/> Yes <input type="checkbox"/> No  Orientation Date _____  Verified by _____ Initial _____