



LITTLE FAWN NURSERY

ENROLLMENT FORM

Address: 360 Chief Alex Thomas Way
 Office Phone: (250) 828-9734 Cell Phone: (250) 819-1564
 Fax: (778) 644-5115 Email: debra.mcneil@ttes.ca

CHILD INFORMATION

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

PROPERTY ADDRESS

MAILING ADDRESS

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	

ADMISSION INFORMATION

<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) <table border="1"> <tr> <td>M</td><td>T</td><td>W</td><td>TH</td><td>F</td> </tr> </table>	M	T	W	TH	F	Part Time Enrolment (circle) <table border="1"> <tr> <td>M</td><td>T</td><td>W</td><td>TH</td><td>F</td> </tr> </table>	M	T	W	TH	F
	M	T	W	TH	F								
	M	T	W	TH	F								
Transportation <input type="checkbox"/> Sk'élép 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:											

PARENT/GUARDIAN INFORMATION

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
*If there are any custody agreements with this child, legal documentation must be filed with the nursery			
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
Property Address (if not living with child)			
Street Address			
RR#/PO Box			
City			
Mailing Address (if different than property address)			
Street Address			
RR#/PO Box			
City			

EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED) – MUST LIVE LOCALLY

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

SIBLING INFORMATION

Legal Last Name			
Legal First Name			
Birth Date			
Relationship			



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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
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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) YES NO NOT APPLICABLE

Description of Court Order(s)

OTHER FAMILY ALERTS

Description of Family Alert(s)

IS YOUR CHILD OF ABORIGINAL ANCESTRY? YES 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:

- ✓ That my child's **\$60 enrolment fee** is due upon signing this enrolment form
- ✓ That my child's child care fee of \$_____ **per month** must be paid by the first day of each month
- ✓ That failure to pay child care fees for 60 days may result in notice of withdrawal of Little Fawn Nursery child care services
- ✓ All outstanding fees in excess of 30 days are to be paid by certified cheque, cash, debit, or money order
- ✓ Prior to withdrawing my child I will give two weeks (10 business days) written notice to Little Fawn Nursery
- ✓ My nursery child care fee will be paid by: Cash/Cheque Online Banking Child Care Subsidy
- ✓ If I choose to apply for Child Care Subsidy, I understand that my application must be approved **within 30 days of enrolment**
- ✓ Refer to Parent Handbook for further information

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 neighborhood, 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"/> IN CASE OF EMERGENCY , 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

Proof of Age (1 required)

- Birth Certificate
- Passport
- Status Card

Proof of Residency (1 required)

- Parent Driver's License
- Auto Registration
- Lease/Rent Agreement
- Gas/Hydro Bill
- BC Services Card
- Property Tax Notice

Enrolment Fee Paid? Yes No

Nominal Roll Student? Yes No

Orientation
Date _____

Verified by _____
Initial _____