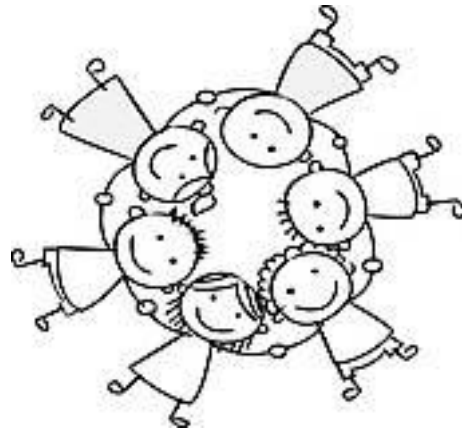


2021-2022  
Registration & Health Form

# BEAVERLY PRESCHOOL PROGRAM



Beaverly West Leisure Society  
101-9777 Western Road  
Prince George, BC  
250-964-1511  
[beaverlypreschool@gmail.com](mailto:beaverlypreschool@gmail.com)  
<http://beaverlywest.weebly.com/>



**\*\* Emergency contact information needs to be reviewed and kept up to date for it to be useful in an emergency. Please notify the facility if any information changes.**

**PERSONS AUTHORIZED TO PICKUP CHILD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\*\* Should someone other than those listed above need to pick your child up on a particular day, the parent/guardian must give written notice to the facility prior to the event.

If there is a custody agreement, please give any details you wish the facility to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit any court order documents restricting parent contact.

\*\*\*\*\*

**SOCIAL INFORMATION**

Names and birthdates of any other children living at home:

\_\_\_\_\_

Has your child previously attended day/care preschool/out of school programs?

\_\_\_\_\_  
\_\_\_\_\_

Other activities, clubs etc your child has been involved with:

\_\_\_\_\_  
\_\_\_\_\_

Child's hobbies and interests:

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH AND NUTRITION INFORMATION**

Does your child have: (check all that apply)

- Vision problems
- Speech/language problems
- To take medications
- Other health problems
- Hearing problems
- A special diet
- Allergies
- Food Allergies

Please specify and comment on any of the above mentioned items checked: \_\_\_\_\_

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If a health care plan is required, please give details and arrange to discuss with Preschool Teacher: \_\_\_\_\_

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Is your child on any medication? Please include the amount and the time at which the medication was administered prior to arriving at the facility. \_\_\_\_\_

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Are immunizations up to date?     Yes     No

Additional Comments (if any)

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**IMMUNIZATION RECORDS**

The Child Care Licensing Regulation, Section 57 Subsection 2(a) requires that a record of each child’s immunizations be kept in facility files. Please complete this form or submit a photocopy of your child’s health passport.

The Immunization Program is voluntary. Parents who choose NOT to immunize their child must understand the consequences of this in relation to the nature of a childcare setting.

My child has been immunized in the Provincial Immunization Program  Yes  No

Please circle the immunizations that your child has received.

BC Immunization Schedule (Sept2019)

	2 Months	4 Months	6 Months	12 Months	18 Months	Age 4 Starting Kindergarten
Pneumococcal conjugate	X	X		X		
Hepatitis B	X	X	X			
Diphtheria	X	X	X		X	X
Pertussis	X	X	X		X	X
Tetanus	X	X	X		X	X
Polio					X	X
Meningococcal C conjugate	X			X		
Measles, Mumps, Rubella (MMR)				X		X
Varicella				X	X	X
Rotavirus	X	X	X			
Chickenpox (Varicella)				X		
Haemophilus Influenza Type b	X	X	X		X	
Inactivated Influenza (Flu)					X	

My child has received additional immunizations (please list). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Please note that the provincial schedule of immunizations may change without notice.

\_\_\_\_\_  
**Parent/ Guardian Signature** **Date**

**Child’s Name:** \_\_\_\_\_ **Care Card Number:** \_\_\_\_\_

**MEDICAL RELEASE**

In case of illness or accident of my child \_\_\_\_\_ and I cannot be reached by telephone, I hereby authorize the facility representative to send for or have my child taken to:

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Should the above doctor not be available, I agree that the facility, in an emergency, may call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent/guardian.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name of Preschool Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preschool Teacher

**BEAVERLY PRESCHOOL PHOTOGRAPHY PERMISSION FORM**

Each Preschool Student will have journal/scrapbook that we add to every class time. At the end of the year, your child will take the book home to keep. Occasionally the Preschool teacher will take photos of the children to add to the book or add to a bulletin board display in the facility. Some photos are of individual children. Some photos are of groups of children. Your child's photo may be included in another child's journal. Additionally, photos may be used for online advertising of our program/facility (Facebook and/or Website).

Name of Child: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I permit Beverly West Leisure Society/Beverly Preschool to photograph my child for the purposes of **hanging in classroom and adding to Journals/Scrapbooks.***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*I permit Beverly West Leisure Society/Beverly Preschool to photograph my child for the purposes of **online advertising.***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**BEAVERLY PRESCHOOL SUNSCREEN PERMISSION FORM**

I give permission for Beverly Preschool to apply sunscreen to my child before outdoor play.

Name of Child: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Notes/Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BWLS Kids Club Emergency Card**

Child's Name: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sex: Male/Female Height: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ C: \_\_\_\_\_ H: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ C: \_\_\_\_\_ H: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

Doctor Name : \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Insert  
Photo

**BWLS Kids Club Emergency Card Continued**

In case of illness or accident of my child \_\_\_\_\_ and I cannot be reached by telephone, I hereby authorize the facility representative to send for or have my child taken to the nearest emergency center.

I hereby agree that the facility, in an emergency, may call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent/guardian.

I hereby give consent for my child \_\_\_\_\_ to receive minor medical treatment, including basic first aid.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_