Tumbleweed Playschool Registration Form

Tumbleweed Playschool 

2975A

Clapperton Avenue

Merritt BC V1K 1G2

(250) 378-8885

**Please Check off which Class you are registering your child in:**

* 3 year old class Tuesday & Thursday 9am to 11am \_\_\_\_\_\_\_\_
* 4 year old class Mon/Wed/Fri 8:45am to 11:15am \_\_\_\_\_\_\_\_
* 4 year old class Mon/Wed/Fri 12:45pm to 3:15pm \_\_\_\_\_\_\_\_

**Registration Date:**

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

\*\*Class space is filled on a first come first serve basis. Once your membership fee ($60) is paid, your spot in the class will be confirmed\*\*

**Membership fee of 60$ cheque\_\_ cash\_\_ e-transfer\_\_\_\_\_\_**

**ETransfers can be sent to** **tumbleweedplayschool.fees@gmail.com**

**Please put your childs name in the memo section of the transfer.**

**Any enrollment questions can be sent to** **registration@tumbleweedplayschool.ca**

**Child & Parent Information**

**Child’s Full Name:**

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

Male or Female: \_\_\_\_\_\_\_\_\_\_

Home Address/Mailing Address: (if different, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_ B.C. Driver’s Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Father/Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_ B.C. Driver’s License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Email** Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Important Information**

Child’s Primary Doctor (please supply name and phone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s B.C. Care Card Number:

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

Any Allergies: Yes or No: \_\_\_\_\_\_\_\_

Please specify allergies:

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

Any Illness or Medical Conditions: Yes or No:\_\_\_\_\_\_\_\_

Please specify illnesses or medical conditions:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Experience Away from Home:

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

Are there any areas in which you think your child may need extra support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you think your child will feel comfortable in this playschool setting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Child have any siblings?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age :\_\_\_\_\_

**Emergency Contact OTHER than Parent/Guardian:**

#1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_

#2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_

**Person Authorized to pick up your child from Tumbleweed:**

#1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_

#2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_

**Immunization:**

|  |  |
| --- | --- |
| My child has been immunized |  |
| My child has partial immunizations |  |
| My child has not been immunized |  |

**\*\* ALL enrolled students require one member of their family to have an active place volunteering at the play school. These spots are necessary to keep the school running in accordance with government guidelines. Roles are filled at our meeting in May, prior to our AGM in September. Please ask at the school if you wish for details on available volunteer positions\*\***

**I agree that I or a family member will volunteer in either an executive position or on a committee:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Communication Procedures**

**& Code of Behavior**

The Tumbleweed Community strongly believes that the open and direct communication contributes to a strong and positive preschool community for our children, the parents, the Parent Executive and Committee, and our teaching staff. Issues or problems can best be resolved if they are discussed with the teaching staff and/or the appropriate Personnel Executive as soon as possible.

This document is a general guide for ensuring effective communication from parents to teachers as well as provides guidelines for expected behavior of parents/guardians while on Tumbleweed grounds. Communication refers to sending and receiving information, such as email and notes, and verbal communication such as telephone conversations and face-to-face meetings.

1. **PARENT COMMUNICATION AND RESOLUTION PROCEDURES**
2. **Present your concern to teaching staff**
3. Explain your concern in a calm, polite and respectful manner
4. Be sure, when stating your concern, to focus on the issue.
5. Avoid blame, threats or criticizing teachers in front of your child, as it creates confusion for your child and does not contribute to solving the problem.
6. **Allow for a reasonable timeline for addressing and resolving the concern**
7. Please be patient and allow the teacher some time to investigate and resolve the issue.
8. Teacher may suggest a **Formal Resolution Meeting**(See #4).
9. **Maintain an openness to receiving the resolutions to the concern**
10. The intentions of the resolution should be focused on the shared best interest for every child at Tumbleweed.
11. **Formal Resolution Meeting may be requested**
12. If any party involved is not satisfied with proposed resolutions of the teacher, they need to inform the teacher in writing.
13. Teachers will complete an **Incident Referral Form** and a **Formal Resolution Meeting** will be scheduled
14. Parents, Teachers, Personnel Executive and other Executive members, such as the President or Vice-President, will collaborate to address the concerns of those involved and determine the best resolution.
15. If Parents/Guardians fail to uphold the resolutions as determined at the **Formal Resolution Meeting**, their child may be removed from the program.
16. **Ensure confidentiality by those involved is maintained throughout the process.**
17. **CODE OF BEHAVIOR FOR PARENTS/GUARDIANS**

When I am on the property of the school, attending school events, and in all dealings with the school, including phone, e-mail and face-to-face contact, I will;

* Not be adversely affected by alcohol or other drugs, nor will I smoke tobacco or other substances, while on school property.
* Act courteously at all times.
* Refrain from impolite, abusive or offensive behavior or language toward staff or other families.
* Be respectful of the school’s environment.
* Arrive and collect my child at the booked time.
* Be aware of Tumbleweed Preschool policies and guidelines, and seek clarification of how these policies are interpreted when necessary.
* Report any faulty equipment or unsafe procedures that come to my notice to the staff members.
* Raise all concerns, issues and problems in accordance with the school’s **Communication and Resolution Procedures**
* Ensure that all individuals associated with my child and who have contact with Tumbleweed Preschool will be made aware of this code, and ensure their compliance with the code.
* I understand that failure to meet the above expectations and other Tumbleweed policies may result in the removal of my child from the Tumbleweed Preschool program.

I have read and understand the **A) Parent Communication and Resolution Procedures** and **B) Code of Behavior for Parents/Guardians** and agree to abide by these procedures, code, and other school policies and procedures.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**\*\*\*Please SIGN and RETURN this copy to the school\*\*\***

**Tumbleweed Playschool Acknowledgment Form**

Please check the following;

* I will accept a board position or parent task to assist in the preschool’s administration as Tumbleweed is a non-profit preschool that is administered by parents.
* I have read and understand all material in the Parent Manual
* I will provide post-dated cheques for Play School fees, dated the first of each month.
* I understand I will be fined $5 PER DAY for any late payments along with $35 for NSF fees.
* I understand any absences due to illness or holiday WILL NOT result in a partial or full refund of monthly fees.
* I give Tumbleweed Playschool permission to take my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_ on field trips within walking distance or in pre-arranged vehicles.
* I agree that I will not hold Tumbleweed Playschool responsible for any injury or loss of property sustained by my child while on a field trip.
* I authorize Tumbleweed Playschool to seek medical attention for my child with assurance that I or my Emergency Contact person will be notified immediately.
* I will NOT send my child to school if there is any question of illness (See Health and Safety Policy).
* I will notify the supervisor immediately should my child contract a communicable disease.
* I will be prompt in bringing my child to school (doors open 15 mins before class starts).
* I will be prompt in picking up my child after school. Tumbleweed Playschool will charge $5 PER MINUTE after 10 minutes past class time for late pickup.
* I give Tumbleweed Playschool permission to allow photographs of my child \_\_\_\_\_\_\_\_\_\_\_ to be taken and/or published.
* I give consent for community professionals to observe my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_ while he/she is participating in the program’s activities. These professionals may occasionally visit the Playschool to observe all the children and include;
* Speech/Language pathologist
* Public Health Nurse
* Infant Development Program
* Supported Child Care Consultant
* Physio or Occupational Therapist

Parent/Guardian Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_