



# Little Cube Montessori

## Preschool & Kindergarten

### **LCM REGISTRATION PACKAGE**

Please complete the following registration package **IN FULL** and return it within the next 7 business days, along with **ALL** post dated cheques (see attached payment schedule), 2 small photos for the forms and 1-4x6 photo of your child for their cubby.

It can be delivered through our mail slot in our front door.

There is one item that cannot be emailed to you; a card from our health authority. You can fill it out at a later date.

If your child has any allergies that require medication **OR** is not immunized, please let me know so that I can send you an additional form.

If I do not receive your completed package and post dated cheques within 7 business days or hear from you, your spot will be forfeited along with your non refundable registration fee.

Please read our parent handbook and take special note of our **“Sickness Policy” pages 4-7** and our **“Fees, Withdrawal & Repayment Policy” page 13.**

If you have any questions feel free to contact me by phone (604-248-5111) or email (littlecubemontessori@gmail.com).

All of us at Little Cube look forward to getting to know your child and family throughout the school year.

Kind regards,

Kim Stack  
Owner



<b>START DATE:</b> _____
-----------------------------

Child's current photo
-----------------------

## Registration Form *(please print)*

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Birth Date (D/M/Y) \_\_\_\_\_ (please check one)  BOY  GIRL

Place of Birth (City) \_\_\_\_\_ (Province) \_\_\_\_\_

### Home Information:

Primary Language Spoken at Home \_\_\_\_\_

Home Address (# & Street) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Email Address \_\_\_\_\_

Name of Sibling at Home: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Sibling at Home: \_\_\_\_\_ Age: \_\_\_\_\_

### Mother's Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Home Phone # (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Home Address (if different from above) \_\_\_\_\_

### Father's Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Home Phone # (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Home Address (if different from above) \_\_\_\_\_



**Little Cube Montessori**

Preschool & Kindergarten

## Registration Form (pg.2)

### Emergency Information (please print all information)

#### Emergency Contact - **MUST be someone local**

(alternative person to contact in case of an illness/medical emergency & parent is unavailable)

---

Name Relationship to Child

---

Home Phone # Cell # or Other

#### Out-of-province/country Emergency Contact (in case of a disaster in our province)

---

Name Relationship to Child

---

Home Phone Including Area Code Cell # Including Area Code

#### Child Custody Information (if applicable ONLY)

---

Name of parent that has legal custody (First, Last Name)

---

Custody/ access restrictions (if applicable)

If there is a custody order, restraining order or any other order in place that pertains to the custody or access of the child, **a copy must be attached to this application form.**



### Registration Form (pg.3)

#### Privacy Act Information & Consent

1. I consent to **“Little Cube Montessori Preschool”** (LCM) collecting personal information that may include student identification information, birth certificate, legal guardianship, parents’ work numbers and email addresses, health information and any other similar information needed for registration.
2. I further consent to the use and disclosure of such information for the purpose of establishing, maintaining and terminating the student’s/parent’s relationship with our facility, for additional purposes identified after the signing of this agreement or when an outside agency may need to be contacted for the assurance of your child’s health and wellness.

---

Signature of Parent/Guardian	Date	YES	NO
------------------------------	------	-----	----

3. I consent to LCM taking photos of my child & possibly using them in promotional materials.

---

Signature of Parent/Guardian	Date	YES	NO
------------------------------	------	-----	----

4. I consent to LCM taking my child on outings of a walking distance.

---

Signature of Parent/Guardian	Date	YES	NO
------------------------------	------	-----	----

5. I consent to the school including our phone numbers or email addresses in a family phone list and/or email list as a directory for other parents at the facility.

---

Signature of Parent/Guardian	Date	YES	NO
------------------------------	------	-----	----

6. If my child is NOT FULLY toilet trained OR has a toileting accident, I consent to the staff changing my child and cleaning him/her up as required.

---

Signature of Parent/Guardian	Date	YES	NO
------------------------------	------	-----	----



**If you answered NO to #6**, what would you like the staff to do (*please check one only*).

**call you to pick your child up**

**leave the diaper/pull up as is**



## Contract – Provider Agreement

As you child's care provider, we agree to.....

- ✓ Provide a full Montessori curriculum.
- ✓ Ensure a safe environment.
- ✓ Give at least 1 weeks' notice, except in an emergency, if we must request that your child be removed from our program.
- ✓ Keep you up to date on your child's activities and growth with the use of conferences, newsletters & evaluations as outlined in our "**Communication with Parents**" document in our parent handbook.
- ✓ Inform, consult and problem solve with you when your child does not respond to our regular strategies.
- ✓ Contact you to discuss steps to be taken if additional help and resources are required to deal with a child's challenging behaviour.

As parent(s), I (we) agree to.....

- ✓ Not bring my child to our center if there is any question of illness as outlined in our "**Sickness Policy**" in our parent handbook.
- ✓ Let us know if my child will be picked up by someone else –**regularly**- other than the parent(s) that have signed this form below – **fill out below & provide a current photo of alternative adult.**
- ✓ Provide work, home & emergency numbers and updates as required.
- ✓ Pay fees that are mutually agreed upon as outlined in our **Fee, Withdrawal & Repayment form.**
- ✓ Drop off and pick up my child on time or pay a late fee as outlined in our **Fee, Withdrawal & Repayment form.**
- ✓ I certify that all the information given to "**Little Cube Montessori Preschool**" is complete and accurate.

Child's Name:

Age:

Parent's Signature:

Date:

Provider's Signature:

Date:

**Regular Alternative Adult allowed to pick up my child (authorized by you) (please print):**

Their Name:

Their Ph#:

Place current  
photo of  
alternative adult  
here.



# Little Cube Montessori

Preschool & Kindergarten

## Health Form

Child's Last Name

Child's First Name

Home Phone #

Name of **First Adult** to Contact in an Emergency

Child's Personal Health #

Cell # or Phone # of **First Adult**

Family Doctor

Doctor's Phone #

<<<<Please Check **ONE BOX ONLY** for EACH question>>>>

- 1) Is your child immunized?    **Y**            **N**            o Fill out & return the attached immunization record.

★ If no, a letter of exemption will need to be filled out and kept on file in case of a contagious outbreak at our school.

- 2) Can your child use the washroom by their self?    **Y**            **N**

- 3) Does your child have ANY food or environmental allergies – major or minor?    **Y**            **N**

★ If YES, please list:

Symptoms:

Treatment:

- 4) Does your child require a special diet?    **Y**            **N**

★ If yes, please list details of special diet: \_\_\_\_\_

- 5) Is your child on regular medication?    **Y**            **N**

★ If yes, please list type and reason: \_\_\_\_\_

- 6) Please list any impairments: vision, speech, hearing, physical, emotional or learning that your child has: \_\_\_\_\_

★ **Additional care plan forms MAY be required for these items.**

### Hospital Release:

Little Cube Montessori Preschool will call a doctor; take your child to the nearest hospital; call for an ambulance, for emergency medical care if the need arises. We authorize the staff to do so and we will be notified as soon as possible. We will bear the cost of any such services and reimburse the facility if need be.

Parent/Guardian Signature:

Date:



**Little Cube Montessori**  
Preschool & Kindergarten

## Immunization Record

*\*please fill out or attach a copy of your child's immunization records*

Child's Name:

Child's Age:

<u>Vaccine</u>	<u>Age Required</u>	<u>Date of Vaccine</u>
<b>DTaP-HB-IPV-Hib</b>	2 months	
(diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b)	4 months	
<b>Pneumococcal conjugate</b>	6 months	
	2 months	
	4 months	
	12 months	
<b>Rotavirus</b>	2 months	
	4 months	
<b>Meningococcal conjugate C</b>	2 months	
	12 months	
<b>MMR</b> (measles, mumps, rubella)	12 months	
<b>Varicella</b> (chickenpox)	12 months	
<b>DTaP-IPV-Hib</b>	18 months	
(diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b)		
<b>DTaP-IPV</b>	4 or 5 years	
(diphtheria, tetanus, pertussis, polio)		
<b>MMRV</b>	4 or 5 years	
(measles, mumps, rubella, varicella)		
<b>Influenza</b>	before 4 years	
<b>Hepatitis A</b>	6 months	
	18 months	

**LITTLE CUBE MONTESSORI PRESCHOOL & KINDERGARTEN**

106-3242 Westwood Street

Port Coquitlam, BC

**ACKNOWLEDGEMENT AND WAIVER**

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

***PLEASE READ CAREFULLY***

In consideration of Little Cube Montessori Preschool & Kindergarten ("Little Cube") providing day care to my child or children named below at its facility located at 106-3242 Westwood Street (the "Facility"):

I REPRESENT that:

1. I am a parent of the child or children and have full legal capacity and authority to make this acknowledgement and waiver on their behalf;
2. I have satisfied myself that my child or children suffer from no physical, mental or emotional disability which would give rise to any unusual or aggravated risk of injury or death from participation in the activities of a supervised day care facility.

ON BEHALF OF MYSELF, ALL OTHER PARENTS, GUARDIANS AND OTHER PERSONS HAVING CUSTODY, CARE OR RESPONSIBILITY OF OR FOR MY CHILD OR CHILDREN, MY CHILD OR CHILDREN AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS AND PERSONAL REPRESENTATIVES, I ACKNOWLEDGE AND AGREE that:

1. We will familiarize ourselves with and conform to all applicable policies, rules or practices of the Facility;
2. We will promptly remove my child or children from the Facility and notify the nearest responsible person if I believe there exists or I observe any unusual hazard or unsafe condition or if my child or children demonstrate any deterioration in their physical, mental or emotional condition;
3. We assume, without qualification, all risk of injury, including the compounding or aggravation of any pre-existing condition, or death arising out of the provision of care at the Facility;
4. We release, waive all claims of liability, forever discharge and agree not to sue or otherwise prosecute any claim for loss or damage that we or any of us may have at any time against Little Cube, the Facility or any of their officers, directors, employees, contractors, agents or representatives arising out of the presence of my child or children at the Facility or the participation by me, my child or children in any activity carried on at the Facility other than any loss or damage arising from gross negligence or intentional misconduct by any such person.



This acknowledgement and waiver will be governed by and interpreted in accordance with the laws of the Province of British Columbia.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
SIGNATURE

**Other** Children Attending LCM Preschool:

\_\_\_\_\_  
Full First & Last Name

\_\_\_\_\_  
Age (years and months)

\_\_\_\_\_  
Full First & Last Name

\_\_\_\_\_  
Age (years and months)

\_\_\_\_\_  
Full First & Last Name

\_\_\_\_\_  
Age (years and months)