



Coast Mountains Board of Education School District 82

3211 Kenney Street, Terrace, BC V8G 3E9
Tel. (250) 635-4931 or 1-855-635-4931 • www.cmsd.bc.ca

JUST B4 REGISTRATION FORM

PLEASE PRINT CLEARLY

Date received: _____ Start Date: _____ End Date: _____

STUDENT INFORMATION

Legal First Name: _____ PREFERRED First Name: _____

Legal Last Name(s): _____

Home Phone Number: _____

Sex: Female Male

Birth Date: _____ Age: _____

STUDENT ADDRESS

Unit #: _____ House # and Street Name: _____

City: _____ Province: _____ Postal Code: _____

MEDICAL INFORMATION / ALERTS

Care Card #: _____ Doctor's Name: _____

Phone #: _____ Allergies/Health Conditions: _____

Immunization: yes /no Please provide status of current immunization.

CITIZENSHIP / LANGUAGE & CULTURE

Country of Birth: _____ Country of Citizenship: _____

Home Language: _____ Language Most Used: _____

Indigenous Ancestry: First Nations Métis Inuit N/A
 Living on Reserve Living off Reserve

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

Priority #1 Relationship: _____ First Name: _____ Last Name: _____

Home Phone: _____ Cell: _____ Work phone: _____

Email: _____

Priority #2 Relationship: _____ First Name: _____ Last Name: _____

Home Phone: _____ Cell: _____ Work phone: _____



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Email: _____

Is there a custody agreement in place? Yes/No If yes, have you provided the court order?

In accordance with the *Freedom of Information and Protection of Privacy Act*, Coast Mountains School District #82 requires consent to use students' personal information unrelated to education purposes.

While photographs and videos add to the community life of the school, they are not always required for educational purposes. As such, the CMSD #82 requests your permission to use photographs and/or videotapes of your child participating in Just B4 and school activities. These photographs and/or videos will be taken during activities organized by the school during the school year. Photographs and videos are used at the school and may also be used for publishing, advertising, art, trade, or any other lawful purpose to promote or document the work of our schools and Just B4 Centres. They may be used in flyers, posters, web pages or other print or online formats.

YES, I give my consent for the use of photographs/videotapes of my child and information that identifies my child for the purposes described above, including publication on the school or District website. I also understand that from time to time, activities may also be photographed or videotapes by the media. I hereby waive any right to approve these images or any test that may be used with them, or to approve the use to which they may be applied.

NO, I do not consent to the publication of photographs/videotapes of my child or info that identifies my child for the purposes described above.

Please note that consent can be removed at any time by contacting the school.

PARENT / GUARDIAN SIGNATURE _____

EMAIL COMMUNICATION

The CMSD #82 would like to contact Just B4 parents/caregivers by email. Examples of such messages include reminders about scheduled Just B4 closures, special events, field trips, and notices about unplanned closures. We may also use email to contact you directly i.e. to follow up about something that happened in the center. We will not use your email address for any other purpose and will not share your email address.

If you wish to receive email communications from us, please identify your consent below. For each child you may provide up to 3 email addresses to contact. NOTE: the account holder's signature is required for each email address.

Email Address	First Name	Last Name	Relationship to Child	Signature



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PLEASE INDICATE ALL ADULTS WHO ARE ABLE TO PICK-UP YOUR CHILD

Name: _____ Relationship to the child/Phone number _____
_____ Relationship to the child/Phone number _____
_____ Relationship to the child/Phone number _____
_____ Relationship to the child/phone number _____
_____ Relationship to the child/phone number _____

PLEASE INDICATE IF THERE IS AN ADULT WHO CANNOT ACCESS YOUR CHILD

Name: _____ Court Document Attached? ___yes ___ no

Please note that we cannot enforce this on a parent unless there is a legal document on file.

VERIFICATION – LEGAL PARENT / GUARDIAN

I certify that the information on this form is correct.

Printed Name: _____ **Date:** _____



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Parent/Guardian Signature _____

SD82 Preschool/Parent Financial Policy

Fee Payment:

- Monthly fees are due by the first preschool day of each month. Monthly fees are pro-rated to account for holidays and ProD days. Monthly fees are all inclusive, no extra fees will be applied.
 - Monday-Thursday 2.5 hours per day (time to be determined at school location)
 - Fees are \$200 per month (13.97 per day averaged over 10 months) -\$100 per month for 2 days (only available at Cassie Hall)
- Fees may be paid by post-dated cheques or cash. NSF cheques may result in charges up to \$40.

Subsidy:

- Families qualifying for subsidized preschool are required to pay the balance of the subsidy. For more information and an application, please inquire with preschool staff. Please contact Tina McDonald 250-638-4409 to discuss further if needed, considerations will be made on a case-to-case basis.

Outstanding fees:

- One week late- friendly reminder
- Two weeks late-a letter will be sent home when your child is picked up.
- Three weeks late-a phone call will be made to discuss payment.
- Four weeks late-service for your child will be discontinued

Refunds:

- Refunds are not issued if your child is sick or on vacation. Refunds will be provided if we are unable to staff the position for a period more than 5 days consecutive, or on a case-case basis.
- One month notice must be given if your child is withdrawing from Preschool. There will be no refund given without one-month notice.

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting, demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

Field Trip Consent General Form

I give permission for my child to accompany Just B4 Preschool presider on supervised community fieldtrips and that they will be transported on general field trips by walking, public transit, or yellow bus. To use any public means of transportation, there must be 1 adult to 7 children. Parents will be asked to volunteer to supervise field trips. A first aid kit, attendance sheets, and emergency contacts will be taken on all trips.

I understand that I will be notified of these trips in advance and that it is my responsibility to see that my child reaches the program by the stated time of departure.

If my child misses the bus or departure time or if I choose to have him/her skip a particular trip, it will be my responsibility to arrange alternate care for those hours.

Learning Together, Realizing Success for All - Engage, Ignite, Empower!



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I release Just B4 Preschool and individuals from liability in case of a case of an accident during activities on general fieldtrips related to Just B4 Preschool, if all normal and mandatory safety procedures have been taken.

All field trips taken out of our local community area where there is a higher risk, such as the pool, gymnastics club, or hiking will have a different consent form sent home indicating the risks.

Child's name

Parent's name

Parent's signature

Date

Medical Emergency Consent

In the event of a medical emergency, I, _____ consent to the transportation of
(Parent's Name)

_____ via ambulance with or without direct supervision from a staff member
(Child's Name)

We will make every attempt to ensure that any injury requiring transportation of a child by ambulance be supported and accompanied by an employee of Coast Mountains School District.

FOIP (Please choose one of the following statements by signing your name)

I allow _____ my child to be photographed and possibly have their picture posted in the school or on our website.

I do not allow _____ my child to be photographed and possibly have their picture posted in the school or on our website.

Parent's signature

Date