



Select the classes you are registering for:

½ Day Options:

- Tues/Thurs AM (8:30am to 12:00pm)
- Tues/Thurs PM (12:30pm to 4:00pm)

FULL Day Options:

- Monday Tuesday Wednesday
 - Thursday Friday
- (8:00am to 4:00pm)

NAME OF CHILD: _____
(Surname) (Given Names) (Also Known As)

Mailing Address: _____ Town: _____ Province: _____ Postal Code: _____

Home Address: _____ Email : _____

Contact Number: _____ Other Number: _____

Person(s) with whom the child lives (adult and children): _____

Start Date (MM/DD/YEAR): ____/____/____ Sex: _____ Pronoun: _____ Birth Date (MM/DD/YEAR): _____

PARENT(S)/GUARDIAN(S)

(1) Name: _____ Title (Dad, Mimi): _____ Cell Number: _____

Mailing Address: _____ E-mail: _____

What is your occupation or any special skills: _____

(2) Name: _____ Title (Pops, Mom): _____ Cell Number: _____

Mailing Address: _____ E-mail: _____

What is your occupation or any special skills: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (mother/father/guardian are always first and second contact person in an emergency):

3) Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

4) Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

5) Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, please list an out of town contact incase of emergency:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES NO Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Has your child ever been stung by a bee and was there a reaction? _____

Potty Trained YES NO (special words): _____

Fears: _____

Please tell us anything else you thing will help us provide an enriching experience for your child:

PAYMENT AGREEMENT

I will submit 10 post dated cheques payable to MishMash, dated for the 20th of each month starting Aug. 20

I will send an email transfer to mishkids@shaw.ca password: *playandlearn* due on the 20th of each month

HEALTH INFORMATION

Health professionals involved with your child:

NAME	PROFESSION/AGENCY	Phone: _____
_____	_____	_____
_____	_____	Phone: _____

Does your child have:

Any medical conditions/concern? YES NO
 If yes, please provide further information: _____

Allergies? YES NO
 If yes, please provide further information: _____

Asthma? YES NO
 If yes, please provide further information: _____

Has your child had a seizure? YES NO
 If yes, please provide further information: _____

Food Sensitivities or food restrictions? YES NO
 If yes, please provide further information: _____

Does your child receive assistance? (Speech, occupational, or behavioral therapist) YES NO

If yes, please provide further information: _____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

List all prescription and "over the counter" medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

Custody Agreement YES N/A Provided to Facility YES NO N/A

Immunization is up to date? YES NO
 Please provide a copy of immunizations records to the facility. Your health unit can email them to mishkids@shaw.ca.

I have chosen not to immunize (Please complete the Immunization Exemption Form)

Information provided is correct and to the best of my knowledge. If there are any changes to the information I have provided it is my responsibility to report, change and notify MishMash immediately. With signing this form, you are also authorizing MishMash to share information with Sea to Sky Community Services and Squamish School board #48 for a successful transition into school.

DATE: ____/____/____ Print Name Signature
 MM DD YYYY

Office Use Only:
 Date Child Leaves the Facility: _____ DATE: ____/____/____
 MM DD YYYY

Emergency Consent Card

Facility: MishMash

Phone #: (604) 848-8133

Address: 40022 Government Rd, Squamish, BC

Child's Full Name: _____

Address: _____

Address: _____

Contact #: _____

Hair Colour: _____

Height: _____

Weight: _____

Birthday Date: _____

*Place a photo of your child within
this frame. Your registration is
not complete without it.*

Parents/Guardians Contact:

1's Name: _____

#1's Contact no: _____

Address: _____

Relation to Child: _____

#2's Name: _____

#2's Contact No: _____

Address: _____

Relation to Child: _____

Emergency Contact if Parent/Guardian cannot be reached:

Name: _____

Address: _____

Contact No: _____

Relation to child: _____

Medical Information:

Child's Doctor: _____

Care Card Number: _____

Allergies: _____

Child's Dentist: _____

Medical Conditions: _____

Phone Number: _____

Date of Last Tetanus Shot: _____

Medication: _____

Phone Number: _____

It is our policy to notify a parent/guardian when a child becomes ill or needs medical attention. Occasionally they cannot be contacted and the child requires immediate assistance. It is MishMash's policy to then take the child to the nearest emergency service (if an ambulance is required, the fees are the parent/guardian's responsibility).

Please sign the consent below in order for MishMash staff to take appropriate action on behalf of your child. This consent will be taken on all outings and to the emergency centre with the child.

I hereby give consent for my child, _____ to receive medical treatment.

Signature of Parent/Guardian

Date

Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

To be completed by Parent/Guardian of:

Child's Name

Date of Birth

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

If available, please attach a photocopy of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

PHOTO AND VIDEO RELEASE FORM



Child's full name: _____

I acknowledge that MishMash, may take photographs and videos of its students on different occasions for the sole purpose of capturing memories of these events for the benefit of the students and their families.

I understand that MishMash would like to post these pictures to its website, www.mishmashpreschool.ca, from time to time, to share these memories with the parents and families of the students. MishMash would also like to create private galleries of these pictures on photo sharing websites, such as a private facebook group, so that parents and family may view the pictures of their children and order prints of the pictures as they desire.

I understand that these photographs and/or videos will not be sold, distributed or placed on internet web sites without my written permission, except as described in this Release.

I also understand that MishMash will attempt to set up private galleries of the photographs on a photo sharing website, such as kodakgallery.com or facebook.com so that only families of the children will have access to the galleries. I have provided my email address and facebook contact below, so that MishMash can privately notify me of the internet location of the galleries.

By signing below, I acknowledge that MishMash may take pictures and videos as described above and give my permission for MishMash to post the pictures and videos to its website and photo sharing websites.

1st Parent/Guardians Signature

1st Parent/Guardians Printed Name

1st Parents Email Address

1st Parents Facebook contact name

2nd Parents Facebook contact name

Date

Play and Learn Policies and Procedures Agreement



Before signing this agreement, please visit MishMash's website at www.mishmashpreschool.ca and take the time to read and understand the Parent Handbook. If you do not have access to the website, you may request a hard copy in person at MishMash. Also, upon signing this agreement, you are agreeing to abide by all rules and regulations. You have read and understand all policies and procedures. Please also Initial in agreements with each heading outlined below. Failure to do so could result in disruption of your registration to MishMash Preschool and Children Centre.

(Please Initials Below)

Contact Information

MishMash Philosophy

- Our Commitment To Families

Registration Process

- Registration Package

Enrollment Guidelines and Expectations

- Age Requirements
- Toileting Expectations
- Nap Time
- Field Trips & Safety Considerations
- Two Week Probation Period

Payment Policy

- Fees & Billing
- Accepted Payment Methods
- Late Payments
- NSP Payment

Waiting Lists & Drop in Availability

Curriculum & Learning Approach

- Creative Arts & Expression
- Social Development and Teamwork
- Collaboration
- Child-Lead Learning
- Music & Movement for Literacy Development

Snack and Lunch Guidelines

- Half-Day Classes
- Snack Ideas
- Please Do NOT Send
- Full-Day Care
- Juice And Juice Box Policy
- Nutrition Education
- Allergy & Safety Consideration

Daily Agenda

Clothing Guidelines

Outdoor Activities & Field Trips

Program Closures

Class Cancellations, Absences & Withdrawals

- Cancelled Classes
- Missed Classes

Play and Learn Policies and Procedures Agreement

- Withdrawal Policy
- Refund Policy & Withdrawal Notice

Information Forms

- Registration/Medical Forms
- Permission Forms
- Photo/Video Authorization

Centre & Staff Qualifications

- Key Licencing Requirements
- Staff Qualifications
- Early Childhood Education Students
- Parent Helpers and Volunteers
- Confidentiality Policy

Health & Safety Policy

- Managing Illness
- Exclusion for Infectious Disease's
- Administrating Medication
- Allergen Aware Policies

Emergency Procedures

- Fire Drill
- Fire Alarm
- Earth Quake
- Emergency Lockdown
- Missing/Lost Children
- Comfort Kit
- Power Outage

Pickup Policies

- Pickup
- Impaired Pick Up
- Custody Order
- Child Abuse
- Arrivals and Departures
- Authorized Pickup Personnel

Guidance & Problem Solving

- Preventing Behaviour Issues
- Resolving Conflict
- Conflict Resolution

Strategies for Smoother Separations

With signing below, I have read, understand and agree to abide by all MishMash Policies and Procedures.

Managers Name

Guardian/Parent Legal Name

Managers Signature

Guardian/ Parents Signature

Date

Date