



40022 Government Road  
Squamish, BC  
www.mishmashpreschool.ca  
[mishkids@shaw.ca](mailto:mishkids@shaw.ca)  
604 848-8133

**Select the classes you are registering for:**

- Tues/Thurs AM Preschool
- Tues/Thurs PM Preschool
- Monday/Wednesday Full Day Care
- Friday Full Day Care

**What is needed to complete registration process:**

- Post-dated Cheque \$150.00 payable to MishMash or E-Transfer due upon approval of registration
- Completed registration form

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:  F  M Birth Date (MM/DD/YEAR): \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

(1) Name: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have any special skills you would share with the class: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have any special skills you would share with the class: \_\_\_\_\_

**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  This is a requirement for full day program. 1/2 program they can not be and there

Fears: \_\_\_\_\_

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

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



## 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



**Emergency Consent Card**



**Facility:** MishMash                      **Phone#:** (604) 848-8133  
**Address:** 40022 Government Road, Squamish, BC V8B 0A9

Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Hair Colour: \_\_\_\_\_  
Eye Colour: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Birth date: \_\_\_\_\_

**Guardian Contact:**

Guardian 1's Name: \_\_\_\_\_      Guardian 2's Name: \_\_\_\_\_  
1st Contact #: \_\_\_\_\_      1st Contact #: \_\_\_\_\_  
2nd Contact #: \_\_\_\_\_      2nd Contact #: \_\_\_\_\_  
Address: \_\_\_\_\_      Address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_      1st Contact #: \_\_\_\_\_  
2nd Contact #: \_\_\_\_\_      Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Care Card Number: \_\_\_\_\_ Date Of Last Tetnus Shot: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_  
Medical Condition: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

It is policy to notify a guardian when a child becomes ill or needs medical attention. Occasionally parents cannot be contacted and the child requires immediate assistance. It is MishMash procedure to then take the child to the nearest emergency service (If an Ambulance is required, the fee is the parent'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 center with the child.

I hereby give consent for my child, \_\_\_\_\_ when ill or injured to be taken to the nearest emergency centre by MishMash Staff when I cannot be contacted.

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

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date



# Preschool and Children Centre's Policies and Procedures Agreement

Before signing this agreement please visit MishMash's website at [www.mishmashpreschool.ca](http://www.mishmashpreschool.ca) and take the time to read and understand the Parent Handbook also known as MishMash Preschool and Children Centre Policy and Procedure Manual. If you do not have access to the website, you may request a hard copy in person at MishMash.

Upon signing this agreement you are agreeing to abide by all rules and regulations. You have read and understand all policies and procedures.

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.

## *(Initials Below)*

\_\_\_\_\_

### **Contact information**

\_\_\_\_\_

### **Classes**

\_\_\_\_\_

### **MishMash Philosophy**

\_\_\_\_\_

### **Registration - Some Restrictions Apply**

\_\_\_\_\_

### **Payments - Fees - NSF fees**

\_\_\_\_\_

### **Waiting Lists**

\_\_\_\_\_

### **Drop In**

\_\_\_\_\_

### **Curriculum - Snack/Lunch - Nutrition - Daily - Agenda for AM/PM Preschool and Full Day Care - Clothing - Out Door Activities - Field Trip**

\_\_\_\_\_

### **Program Closures**

\_\_\_\_\_

### **Cancelled Classes**

\_\_\_\_\_

### **Missing Classes**

\_\_\_\_\_

### **Withdrawals - Requesting to Withdrawal of Child - Refunds**

\_\_\_\_\_

### **Information - Registration/Medical Forms - Photo/Video Authorization - MishMash is a Licensed Preschool/Day Care Program - Staff Qualification - Early Childhood Education Students - Parent Helpers & Volunteers - Confidentiality**

# Preschool and Children Centre's Policies and Procedures Agreement Continues

- \_\_\_\_\_ **Health & Safety** - Managing Illness - Administrating Medication  
- Allergen Aware Policies
- \_\_\_\_\_ **Emergency Procedures** - Fire Drill - Fire Alarm - Earth Quake  
- Emergency Lockdown - Missing/Lost Children  
- Comfort Kit - Power Outage
- \_\_\_\_\_ **Late Pick Up**
- \_\_\_\_\_ **Impaired Pick Up**
- \_\_\_\_\_ **Custody Order**
- \_\_\_\_\_ **Child Abuse**
- \_\_\_\_\_ **Arrivals and Departures**
- \_\_\_\_\_ **Guidance and Discipline** - Strategies of Problem Preventions  
- Strategies of Resolving Conflict
- \_\_\_\_\_ **Conflict Resolution**
- \_\_\_\_\_ **Strategies for Smoother Separations**
- \_\_\_\_\_ **Signed Agreement**

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

# 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, [mishmash.vpweb.ca](http://mishmash.vpweb.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](http://kodakgallery.com) or [facebook.com](http://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.

\_\_\_\_\_  
1<sup>st</sup> Parent/Guardians Signature

\_\_\_\_\_  
1<sup>st</sup> Parent/Guardians Printed Name

\_\_\_\_\_  
1<sup>st</sup> Parents Email Address

\_\_\_\_\_  
1<sup>st</sup> Parents Facebook contact name

\_\_\_\_\_  
2<sup>nd</sup> Parents Facebook contact name

\_\_\_\_\_  
Date