

MishMash Registration Form



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:

- Paid in full the annual Administration fee
- Completed registration forms

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:

40022 Government Rd.
Squamish, BC

www.mishmashpreschool.ca

mishkids@shaw.ca 1
(604) 848-8133

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: *preschool* on or before 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? 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 immediatly.

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

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

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.

1 _____
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 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, 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