

REGISTERED CLASS

FULL: M Tu W Th F

AM: M Tu W Th F

PM: M Tu W Th F

Signature:



JLC VICTORIA **Preschool Program**

REGISTRATION FORM

SUBMISSION DATE

[MM/DD/YYYY]

STUDENT

Legal Name (English)

日本語名 (修了証はこの表記で記載されます。)

Child's Preferred Name:

Date of Birth (MM/DD/YYYY)

Child's 1st Language:

Child's 2nd Language:

Address:

FAMILY INFORMATION

PARENT/ GUARDIAN #1

Last Name:

First & Middle Name:

Relationship to Child:

Address: same as student (if not please fill out)

Email Address:

PARENT/ GUARDIAN #1

Last Name:

First & Middle Name:

Relationship to Child:

Address: same as student (if not please fill out)

Email Address:

OTHER CHILDREN LIVING AT HOME

Child #1: Name:

Date of Birth (MM/DD/YYYY):

Child #2: Name:

Date of Birth (MM/DD/YYYY):

Child #3: Name:

Date of Birth (MM/DD/YYYY):



JLC VICTORIA

Emergency INFORMATION & PERMISSION

Please submit this form **every year** to update the information & photos.

PHOTO

Please submit
2 photos (or 1
digital photo)
of your Child

EMERGENCY INFORMATION FORM		
Child's Name	M/F	D.O.B(Y/M/D)
Address		
Parents/Guardian (#1) Name	Home/Cell Phone#	Work Phone#
Parents/Guardian (#2) Name	Home/Cell Phone#	Work Phone#
Emergency Contact (Except above parents/guardians)		Phone#
BC Care Card #		
Medical Condition	Allergies/Medication	
Child's Doctor (If no family doctor, put the nearest walk-in clinic)	Phone#	
Child's Dentist (If no family doctor, put the nearest walk-in clinic)	Phone#	

It is the school's policy to notify the parent/guardian when a child is ill or requires medical attention. If we are unable to contact the parent/guardian and child needs medical help, parent consent is necessary for school staff to take appropriate action on behalf of the child. Your consent will accompany the child to the child emergency service.

I, _____, authorize the staff at JLC Victoria to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such service shall be my sole responsibility.

(Signature)

(Date)



EMERGENCY CONTACTS

Please provide more emergency contacts if you have (Other than the ones listed on the form).

Name	Relationship	Phone

AUTHORIZED FOR PICK-UP

Please provide names (except parents/guardians above) whom you can **give a permission to pick up your child** after the program. At least one name is required.

Name	Relationship	Phone

NOT AUTHORIZED FOR PICK-UP

Please provide information on anyone who you specifically do NOT wish to pick up your child from JLC Victoria Japanese Preschool after class.

Name	Relationship	Phone

NOT ACCESS PERMITTED

Please provide information on anyone who is not permitted access to your child. Provide relevant documentation if required

Name	Relationship	Phone



SPECIAL INSTRUCTION FOR CUSTODY Yes or No

If Yes, please describe and provide relevant documentation if required:

IMMUNIZATION STATUS

Is your child immunized? Yes or No

- If Yes, please attach a copy of current immunization records.
- If No, please sign the following statement:
 - ✓ I understand that vaccine-preventable diseases can be very serious or even fatal for my child.
 - ✓ I understand that unimmunized children can catch diseases from people who have a vaccine-preventable disease but don't have any symptoms; therefore, in that situation my child will have a high risk to catch diseases during the program.
 - ✓ I understand that when there is a vaccine-preventable disease in the community, my child must stay home until it is safe to return for up to several weeks at JLC Victoria's discretion.
 - ✓ I understand that I must take my child home if JLC Victoria staff notices any possible symptoms of vaccine-preventable diseases in the class during the program.
 - ✓ I understand that there is no refund for the monthly fees during my child's absence due to the vaccine-preventable disease situation above.

SIGNATURE of PARENT/GUARDIAN:

DATE:

MEDICAL INFORMATION

- Does your child have any known health problems? Yes or No
If Yes, please describe: _____
- Does your child take any medication on a regular basis? Yes or No
If Yes, please describe: _____
- Does your child have any life-threatening allergies? Yes or No
If Yes, please describe: _____



MEDICATION AUTHORIZATION

Please indicate one of the followings:

- My child does NOT require medication.
- My child requires medication during the program hours.

*Please fill in the **Medical Form**, if your child requires medication.*

SIGNATURE of PARENT/GUARDIAN:

DATE:

PHOTOGRAPHY PERMISSION

Photos or videos may be used in the promotion of JLC Victoria in print, web, or video format; however, names will not be used. If you do not wish your child to be photographed or videotaped regardless of the circumstances, please inform the school in writing.

- ✓ I, _____, full copyright and permission to use my child photograph in any subsequent promotional materials such as newsletter and brochures.

SIGNATURE of PARENT/GUARDIAN:

DATE:



PRIVATE FACEBOOK PAGE

JLC Victoria has closed private Facebook pages for each program. The purpose of this group is so that staff can post pictures of children to share with families. This group is for parents (guardians) only. Extended family will NOT be added. This is for everyone’s safety and to protect privacy.

This page was not created for families to use in lieu of speaking with Child Care staff directly. If you wish to be a part of this group, please be advised the following is not permitted:

1. Posting that your child will be away from the school for any reason (sick, holiday, etc.)
2. Tagging photos. Tagging photos reveals them to the public.
3. Posting content that would be related to personal beliefs (religious, political, etc.)
4. Sharing posts to your own wall.
5. Promoting your own business.

We want this page to be a positive space where the staff can share those magical childcare moments with you while being mindful and respectful of privacy. The program head is the admin for this group and monitor the activity on the page. Please be aware that if a family is not following the items listed above it is grounds for removal from the group.

- Yes, I give permission to post my child photo on this Facebook page.
- No, I do not wish my child’s photo to be posted on this Facebook page.

SIGNATURE of PARENT/GUARDIAN:

DATE:

ACKNOWLEDGEMENT & CONSENT

- ✓ I hereby give permission for my child to go on out local trips arranged by JLC Victoria.
- ✓ I have disclosed any known special needs and will discuss further will the program supervisor prior to enrolling my child in any program.
- ✓ I certify that the information given in this form is complete and true in every aspect, and that I am the legal guardian.
- ✓ I have read all the information in the Parent Handbook and signed on the Agreement of Care.

SIGNATURE of PARENT/GUARDIAN:

DATE:

JLC Staff Only

	Date	Signature
Start	/ /	
End	/ /	