



ONLINE REGISTRATION INSTRUCTIONS

Thank-you for applying to Sussex Christian School Little Lights Early Learning Centre on behalf of your child(ren).

To complete this fillable registration form, please follow these 4 simple steps:

1. **Download** the form and **save it** to your computer. (Don't skip this step.)
2. **Open up the form on your computer** and complete the form.
3. **Save** the completed form to your computer. (Don't forget to save the form once you have completed it, otherwise you may end up sending us an empty form.)
4. **Email** the completed form to the **school office**: info@sussexchristianschool.ca

NOTE

1. REGISTRATION FOR MORE THAN ONE CHILD.

If you are submitting registration for more than one child you only need to complete one copy of the Little Lights Fee Commitment form but you will need to complete a registration form for each child.

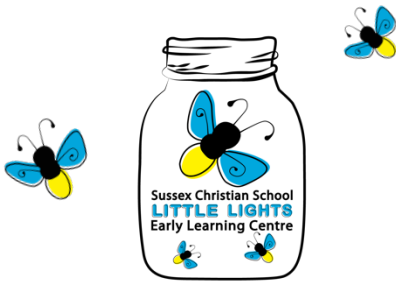
2. REGISTRATION FEES

Registration fees are due upon submission of registration form and non-refundable. Cash or cheque payment may be made directly at the SCS office. For E-transfer, please contact the school at

info@sussexchristianschool.ca for instructions.

If you have any other questions about the registration process please contact the school office

info@sussexchristianschool.ca.



SCS LITTLE LIGHTS EARLY LEARNING CENTRE REGISTRATION FORM

Date: _____

STUDENT INFORMATION

First Name: _____

Birthdate: Y_____ M___ D___ Age: _____

Middle Name: _____

Gender: F M

Last Name: _____

Enrolment to begin: Y_____ M___ D

ADDRESS

Home Address

Apt.# _____ Street: _____

City: _____ Postal Code: _____

Province: _____

Mailing/Other Address - Complete only if different from home address.

PO Box#: _____

City: _____ Postal Code: _____

Province: _____

PROGRAM SELECTION

Half-day programs

3 & 4 year old (2 **Half**-days)

3 & 4 year old (3 **Half**-days)

3 & 4 year old (5 **Half**-days)

Full-day programs

Infant (≥ 15 months)

2 year old

3 year old

4 year old

Afterschool

Afterschool Program

ALLERGIES

Allergies:

a) Please list any medication allergies: _____

b) Please list any food allergies: _____

c) Any other allergies? _____

Emergency Treatment

Please indicate any situations where emergency treatment and/or medication(s) may be required by your child (i.e.: EpiPen, puffers/inhalers, Benadryl, etc.).

Instructions:

PARENTAL INFORMATION

*** Please select one email address to be the primary contact for school communications.**

Father's information

First Name: _____

Last Name: _____

Occupation: _____

Employer: _____

Email Address*: _____

Lives with children: N Y

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Mother's information

First Name: _____

Last Name: _____

Occupation: _____

Employer: _____

Email Address*: _____

Lives with children: N Y

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Permission is given for our home phone # to be published on a list issued to school families

CUSTODY

Are there special instructions to be noted regarding custody of students? N Y - if Yes, please explain:

EMERGENCY CONTACTS

Individuals to contact if school is unable to contact parent(s):

Emergency Contact #1

First Name: _____

Last Name: _____

Relationship to child: _____

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Apt.# _____ Street: _____

City: _____ Postal Code: _____

Province: _____

Emergency Contact #2

First Name: _____

Last Name: _____

Relationship to child: _____

Phone: (____) _____ Cell: (____) _____

Work: (____) _____ Ext: _____

Apt.# _____ Street: _____

City: _____ Postal Code: _____

Province: _____

FAMILY CHURCH AFFILIATION

Name of Church: _____

Pastor's Name: _____

Phone Number: _____

Attendance: Regularly attend No home church

EDUCATIONAL INTENT

Select one

- I am interested in a long-term commitment to Christian School education for my child.
- I am interested in my child receiving an educational foundation through the SCS Little Lights Early Learning Centre and Kindergarten programs before enrolling in public school.
- I am interested in my child attending only Little Lights Early Learning Centre at SCS.
- I am uncertain as to my long-term intentions for my child's education.

PLEASE ANSWER THE FOLLOWING

Do you have other school-aged children who are not enrolled at SCS? Please answer and state why or why not. Yes No

HOW DID YOU LEARN ABOUT SCS LITTLE LIGHTS EARLY LEARNING CENTRE?

- Social media Friend(s)
- Newspaper Other (please specify): _____

CHILD PROFILE

Who has permission to pick your child up from the centre?

If changing pick up arrangements parents must inform the center prior to the child being picked up.

Is there anyone who does NOT have permission to pick your child up from the centre?

Preschool/Child Care History

Has your child attended preschool/childcare before? No Yes

If yes, for how long? 6 months 1 year 2 year More than 2 years

CHILD HEALTH RECORD

Immunizations

In accordance with regulation 12(2) of the Public Health Act, proof of immunization must be provided for each child attending a child day care centre for the following:

diphtheria	pertussis	meningococcal disease	measles
tetanus	rubella	pneumococcal disease	Haemophilus influenza type B
polio	varicella	mumps	

Where proof is not provided you must have the following waivers:

- a medical exemption, on a form provided by the Minister, that is signed by a medical practitioner or nurse practitioner, or
- a written statement, on a form provided by the Minister, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister. Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.

Medical History

Please indicate if your child has **had** any of the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	<input type="checkbox"/>	Meningitis
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis (Whooping Cough)

Health Status

Indicate if your child **has** any of the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Psoriasis
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Local Physician

Name: _____

Phone #: _____

Medicare

Medicare #: _____

Medicare Expiry Date: _____

Other Medical Information

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by staff?

Medical Treatment

Please indicate medical treatment your child may require.

If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with child's name and dosage requirements, and a medical permission form must be completed.

Name of medication: _____ Dosage: _____

Instructions: _____

Name of medication: _____ Dosage: _____

Instructions: _____

Additional Information

Indicate if there are any activities in which your child cannot participate:

ADMINISTRATION OF ACETAMINOPHEN CONSENT

Indicate your consent

Yes

No

I give consent for acetaminophen to be administered to my child provided I have been contacted first to provide oral consent and to indicate dosage.

On picking up my child at the facility I understand I will be asked to sign a written acknowledgment that acetaminophen was administered with my consent.

I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am only way to pick them up (within one hour).

Reason:

Fever above _____ Celsius Body ache _____

Other: _____

CHILD DEVELOPMENT

Self Help

In what way does your child need our help with the following self-help skills?

Dressing/Undressing: _____

Eating: _____

Toileting: _____

Handwashing/Toothbrushing: _____

Other: (ie: gross and fine motor skills): _____

Transition

Are there any hints/suggestions you could share with us to make your child's transition to the centre a positive one?

The "Good Things in Life"

Tell us a few things about your child... What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer/TV, imaginative play/dress-up)

Other Info

Is there anything else you would like to share with us about your child?

PARENTAL CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

Indicate your consent

- Yes
 No

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the operator/administrator/staff of **SCS Little Lights Early Learning Centre** to take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

CONSENT FOR MY CHILD TO BE TAKEN ON WALKING OUTINGS/EXCURSIONS OFF THE PREMISES.

Indicate your consent

- Yes
 No

As a part of the day, walking trips may be taken off the premises, within the neighborhood. Consent will provide more flexibility and allow for more spontaneity in the planning.

Consent forms for any motor transportation trips will be separate and for each outing.

I give permission for my child to be able to participate in the walking trips.

CONSENT FOR VIDEO GRAPHING AND PHOTOGRAPHS

I give consent for my child to be video graphed or photographed participating in the facility for the following reasons:

- Y N Social Media such as Facebook
 Y N Facility's website
 Y N Publication
 Y N Illustrate child learning within the facility

CONSENT FOR CHILD TO WALK/BICYCLE TO AND FROM SCHOOL UNATTENDED

School-aged children only

Indicate your consent

I give consent for my school-aged child to travel to and from school unsupervised.

- Yes
 No
 N/A

If my child does not arrive at the facility within the per-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.

CONSENT FOR TRANSPORTATION TO AND FROM SCHOOL

School-aged children only

Indicate your consent

I authorize the operator to transport my child to and from school by the authorized facility vehicle or by walking, where applicable, appropriate seat restraints are used.

- Yes
 No
 N/A

CONSENT FOR BATHING

Indicate your consent

- Yes
 No
 N/A

I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.) or because of a toilet accident.

Also applies so overnight care where bathing is part of the nighttime routine.

To ensure the health and safety of children who may require bathing, children must be:

- bathed individually and supervised according to developmental needs;
- never left unattended; and
- bathed as quickly as possible and dressed appropriately.

Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards.

Bathtubs will be equipped with a nonskid mat or surface

REQUIRED DOCUMENTATION

Upon acceptance, additional documents must be signed and returned by the first day of classes.

Forms and documents to be submitted to complete application.

Completed forms:

- Little Lights Early Learning Centre Registration Form
- Little Lights Early Learning Centre Fee Commitment Form

Additional forms/documentation:

- Immunization Record
- Picture of child
- Read and sign the Little Lights Early Learning Centre Handbook

PARENT/GUARDIAN SIGNATURE(S)

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date

FOR OFFICE USE ONLY

Date Rec'd: _____

Comments:

Reg. Paid: _____

Amount: _____

Students: _____

Post-dates: _____



LITTLE LIGHTS FEE COMMITMENT

Father's name: _____

Mother's name: _____

SCS LITTLE LIGHTS REGISTRATION FEES 2021-22

Registration Fee for Little Lights is due upon submission of application. (Non-Refundable)

1st child
\$100

For each additional child
\$50

TUITION FEES 2021-22

See payment options below

	Full Day	3 & 4 Year Old Half Day		Afterschool	
	Daily	Monthly		Daily	Weekly
Infant	\$37.10	2 Half-days	\$157.00	Afterschool	\$15.00 \$75.00
2 Year Old	\$32.60	3 Half-days	\$208.00		
3 Year Old	\$31.30	5 Half-days	\$355.00		
4 Year Old	\$31.30				

PAYMENT OPTIONS

I understand my financial obligations and will, upon notification of acceptance, make fee payments (please check one of the following):

- Bi-Weekly** – Full day programs - payment is due on or before the last day of the month.
- Cheque
- E-transfer
- Monthly** – Half day programs may be paid monthly on or before the last day of service.
- Cheque
- E-transfer

FEE COMMITMENT

Registration _____

Commitment for # days total _____

Comment

PARENTAL(GUARDIAN) SIGNATURE

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Date