



MAX Preschool

CHILD INFORMATION:

Child's Name: _____

Birth Date (mm/dd/yyyy): _____ Age at Time of Registration: _____ ***Note: Program is ages 3-5 years only**

MCP #: _____ MCP Expiry: ____/____ Gender: Female Male Other/Prefer not to say

REGISTRATION INFORMATION:

Preferred Location: 1 Olympic Drive, Mount Pearl 34 New Cove Road, St. John's **Start Date (mm/dd/yyyy):** _____

Please select attendance level and schedule below:

- Hours of operation are 8:30am to 12:00pm

Full-Time

Monday – Friday

Part-Time 1

Monday, Wednesday, Friday
 Tuesday, Thursday, Friday

Part-Time 2

Tuesday/Thursday
 Monday/Wednesday

PARENT/GUARDIAN INFORMATION:

1. Name _____ Relationship to Student _____

Cell # _____ Home # _____ Email _____

Home Address _____ City/Town _____ Province _____

Postal Code _____

Work Address _____ City/Town _____ Province _____

Postal Code _____ Work # _____ Ext: _____

2. Name _____ Relationship to Student _____

Cell # _____ Home # _____ Email _____

Home Address _____ City/Town _____ Province _____

Postal Code _____

Work Address _____ City/Town _____ Province _____

Postal Code _____ Work # _____ Ext: _____

Child's Address is: Same as Parent/Guardian 1 Same as Parent/Guardian 2 Same as both Parent/Guardian 1 and Parent/Guardian 2

Please submit completed registration form in person at any MAX location. For inquiries, email info@yourmax.ca, call 733-7330, or visit www.yourmax.ca



Terms and Conditions for MAX Preschool (please read carefully)

1. A completed registration form must be submitted in person or by email or fax to any MAX Arts. Athletics. Wellness. (hereafter referred to as MAX) Preschool location. Because spaces are limited, submission of a registration form does not mean that a child will be granted a space in the requested program. Existing MAX customers and/or returning MAX Preschool children and their siblings may be given priority for registration, followed by a “first-come, first-served” policy for all other registrants. Full-time children will be given priority over part-time children.
2. If the program is full, a person has the option of being put on a waiting list, but there is no guarantee that a space will become available. The person will be contacted only if a space becomes available.
3. **Discontinuation Policy:** _____ (customer initial) **Once registered, to officially withdraw a child from the MAX Preschool Program, a parent/guardian must complete and submit a Discontinuation Form in person to any MAX Preschool location, give a minimum notice of 28 days, and pay a \$50 + HST cancellation fee per child.** Discontinuation Forms are available at our facilities. Verbal notification and/or non-attendance will NOT constitute discontinuation. If discontinuation occurs due to an injury or a medical condition, a Discontinuation Form must be submitted along with a physician’s note. Once the Discontinuation Form is processed, the parent(s)/guardian(s) will be charged for any balance owing or refunded for any overpayment.
4. If a payer’s pre-authorized debit (PAD) payment fails and the payer’s account becomes delinquent, MAX may remove the child from the program after providing a minimum of 7 days written notice to the parent(s)/guardian(s).
5. It is extremely important that parents/guardians drop off and pick up the children on time. If for some reason a parent/guardian is unable to pick the child up on time, the parent/guardian must phone the centre to advise the staff. When a child is picked up late, the payer(s) will be charged a Late Pick-Up Fee of \$10.00 at the start of every 15-minute increment past the pick-up deadline of 12:00pm.
6. All charges for Declined Pre-Authorized Debits and Late Pick-Ups will be added to a pre-authorized debit (PAD) amount for a scheduled payment following the date of the charge.
7. Monthly account statements and invoices are not provided. Payment receipts and receipts for income tax purposes are available upon request.
8. A \$25.00 + HST = \$28.25 service fee will be charged on all declined preauthorized bank debits returned as Non-Sufficient Funds (NSF).
9. Regular attendance and punctuality is expected for all days in which the child is registered. There will be no refund for days missed by a child.
10. MAX Preschool reserves the right to withdraw any program or level of instruction, or to close any MAX Preschool location at any time without liability other than to refund program fees received for services cancelled due to such withdrawal or closing. MAX Preschool will give a minimum notice of 14 days in the event of a withdrawal of services or closing.
11. Occasionally MAX Preschool may require additional assistance to meet a child’s needs. In these situations, MAX Preschool can request the involvement of an Inclusion Consultant with Child Care and Family Resource Programs, but only with the written consent of the parent(s)/guardian(s) of the child in question. The details of this process will be fully discussed with the parent(s)/guardian(s) if MAX Preschool determines that this service would be beneficial for the child and the staff. A plan regarding next steps will then be discussed with the parent(s)/guardian(s). If the parent(s)/guardian(s) refuse this service or if the child cannot settle after working with an Inclusion Consultant, MAX Preschool may require the child to leave the program for a few months until he/she is ready to re-enter the program.
12. You hereby give MAX Preschool and its employees permission to apply sunscreen and/or insect repellent to the child. You understand that you must provide sunscreen (at least SPF 30) and insect repellent labeled with the child’s name if you chose to have this applied to the child.
13. You hereby give MAX Preschool and its employees permission to allow students and instructors to observe the child during the day for educational purposes.
14. MAX Preschool takes customer privacy seriously. We will not sell, distribute, barter or transfer any personally identifiable information obtained about our participants to parties outside of MAX, without the authorized written consent of the parent(s)/guardian(s) except where required by law such as in emergency situations or by legal order. MAX Preschool may photograph participants as they partake in MAX Preschool activities and such photographs may be used by MAX Preschool for education purposes at the centre without the participant’s name attached unless the parent(s)/guardian(s) otherwise advises MAX Preschool in writing. No photography or video is permitted to be taken inside any MAX location without the express written consent of MAX and the parent(s)/guardian(s).

ACCEPTANCE: *By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me on the Registration Form is complete and accurate.*

A. Parent/Guardian Signature (please sign) _____ Date _____

Parent/Guardian Name (please print) _____

B. Parent/Guardian Signature (please sign) _____ Date _____

Parent/Guardian Name (please print) _____



Child Health & Development Questionnaire

CHILD INFORMATION:

Child's Name: _____ MCP #: _____ MCP Expiry: ____/____

Please attach a copy of the child's current immunization record.

PHYSICIAN INFORMATION:

Physician Name _____ Clinic Name _____

Clinic Contact # _____ Clinic Address _____

City/Town _____ Province _____

DENTIST INFORMATION:

Dentist Name _____ Clinic Name _____

Clinic Contact # _____ Clinic Address _____

City/Town _____ Province _____

1. Describe the child's general health, e.g., recurrent colds, ear infections, stomach aches, etc.:

2. Does the child have any illnesses, conditions, or special needs that we should know about, e.g., asthma, diabetes? Yes No If yes, please describe:

3. Please check if the child has received (or been waitlisted for) any of the following services/professionals:

Speech Language Pathology Occupational Therapist Regional Autism Services Janeway Child Development Direct Home Services

Psychology Vision Test Hearing Test Audiology Public Health Nurse Child, Youth, Family Services (Social Worker)

Other - please describe _____

4. Has the child been to the dentist? Yes No *If yes, are there any dental issues?*

5. Is the child taking any medication? Yes No *If yes, which medication and what is it for?*

Note: Diaper creams and insect repellent can be administered, but must be in their original containers and the Permission to Administer Form must be completed.

6. Does the child have any food/other allergies or special dietary needs?

Yes No *If yes, please describe below and complete the Prevention and Emergency Treatment Plan Form*

7. How would you describe the child's emotional, physical, and social growth and development?



8. Describe specific techniques used to settle or calm your child:

9. Describe any particular fears that your child has, e.g., animals, loud noises:

10. How far has your child progressed in toilet learning? Please comment below and/or describe any special directions/issues with regard to toileting.

11. How does your child usually react to new and/or stressful situations?

12. Names and ages of other children in household:

Name _____ Age _____

Name _____ Age _____

13. We would appreciate your views on guiding the child's behaviour and setting limits:

14. Is there anything else that you would like to tell us about the child to help us provide the best care possible?

By signing below, I represent that all of the child's relevant illnesses, medical conditions, disabilities, and behavioral concerns have been disclosed on the Child's Health & Development Questionnaire.

A. Parent/Guardian signature (please sign) _____ Date _____

Parent/Guardian name (please print) _____

B. Parent/Guardian signature (please sign) _____ Date _____

Parent/Guardian name (please print) _____



MAX Preschool Permissions & Consent Package

Permission to Pick Up Child

I /We, _____, parent(s) of _____, give permission for the following to be able to pick up my/our child from MAX Preschool.

I am aware that photo ID will be required for the initial pick up, and may be required at pick up at any time if requested from the Childcare Staff or Operator.

A. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

B. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

PERSONS OTHER THAN PARENTS/GUARDIANS LISTED ON PREVIOUS PAGE WHO ARE PERMITTED TO PICK CHILD UP FROM MAX:

Please note that each person must be 18 years of age or older and may be required to show picture identification before the child is released to him or her. Any persons not listed here will not be permitted access to the child. Should the pick up not be available to provide their signature, a copy of their signature (e.g. email, photo, etc.) is acceptable.

1. Name _____ Relationship to Child _____ Signature _____

Cell # _____ Home # _____ Work # _____ Ext: _____

2. Name _____ Relationship to Child _____ Signature _____

Cell # _____ Home # _____ Work # _____ Ext: _____

3. Name _____ Relationship to Child _____ Signature _____

Cell # _____ Home # _____ Work # _____ Ext: _____

Consent to Emergency Care and Transportation

By signing below, I hereby give MAX and its employees the authority to act on my behalf in case of any emergency. If, due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize MAX to take whatever emergency measures are deemed necessary by MAX for the protection of my child while in the care of MAX. I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting the child to a hospital, including the possible use of an ambulance. This could also include emergency transportation required as a result of fire or other environmental emergencies. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

A. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

B. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____



Field Trip Permission

By signing below, I hereby permit my child to participate in all MAX Preschool Program activities, field trips or any other educational/leisure activities geared for the child away from the childcare centre under the supervision of childcare staff. Field trips will include areas in short walking distances and will not involve transporting by vehicle.

A. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

B. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

Permission to Administer Sunscreen

By signing below, I give the staff at MAX Preschool permission to apply sunscreen to my child. I am aware that I must provide the sunscreen to the center in a labeled bottle, and no less than 30 SPF. I understand sunscreen will be applied before outdoor time, and re-administered as caregivers feel is needed due to UV, weather conditions, time of day, water play, excessive sweating, or any other reason where the childcare provider feels reapplication is required to protect my child.

A. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

B. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

Permission to Administer Insect Repellant

By signing below, I give the staff at MAX Preschool permission to apply insect repellant to my child. I am aware that I must provide insect repellant in its original container and labeled with the child's name if I choose to have this applied to the child. I understand sunscreen will be applied before outdoor time, and re-administered as caregivers feel is needed.

A. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

B. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

Permission to Administer Diaper Cream

By signing below, I give the staff at MAX Preschool permission to apply diaper cream to my child. I am aware that I must provide diaper cream in its original container and labeled with the child's name if I choose to have this applied to the child. I understand diaper cream will be applied and re-administered as caregivers feel is needed.

A. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____

B. Parent/Guardian signature (please sign): _____ Date: _____

Parent/Guardian Name (please print): _____



Prevention & Emergency Treatment Plan

Part 1 – Child Information

CHILD INFORMATION:

Child's Name: _____ Birth Date (mm/dd/yyyy): _____
MCP #: _____ MCP Expiry: ____ / ____

PARENT/GUARDIAN INFORMATION:

1. Name _____ Relationship to Student _____
Cell # _____ Home # _____ Work # _____
Email _____
Home Address _____

2. Name _____ Relationship to Student _____
Cell # _____ Home # _____ Work # _____
Email _____
Home Address _____

PHYSICIAN INFORMATION:

Physician Name _____ Physician # _____

EMERGENCY CONTACT (other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

1. Name _____ Relationship to Child _____ Signature _____
Cell # _____ Home # _____ Work # _____ Ext: _____

2. Name _____ Relationship to Child _____ Signature _____
Cell # _____ Home # _____ Work # _____ Ext: _____

Notify Parents/Guardians or Emergency Contact(s) in the following situations:



Part 2 – Prevention Plan

Allergen(s):

Historical symptoms of allergic reaction(s):

Allergen prevention for the child care centre homeroom:

Allergen prevention for special events at the child care centre:

Allergen prevention for extra-curricular events/outings:

Part 3 – Emergency Treatment Plan
