

The Children's Centre
Preschool
St. Mary's Church, Craigmiller Avenue
St. John's, NL
(709) 579-9053



Summer Program 2010

The Children's Centre will be running a Summer Program again this year. Registration will begin for the Summer Program on May 03, 2010. Registration is on a first come first serve basis. To hold your space, fees must be paid in full at the time of registration. Please bring completed forms and cheques to the Centre. Forms can be found at www.thechildrenscentre.com.

The summer program will run for 6 weeks, starting on July 12, 2010 and ending on August 20, 2010. Program days and times will be the same as our fall/winter scheduling.

Your child can register for any of the program slots detailed on the registration form. **Please note however that if your child is attending both morning and afternoon programs, Centre Staff will not be available to supervise your child during the lunchtime break.** You are responsible to supervise your own children during that period.

For more information about our school and registration procedures, please see our:

- Parent Handbook
- Summer Program Registration Package 2010
- Fee Policy Regarding Withdrawal

Regards,

Lynette Lawlor
Enrollment Coordinator
738-1422
netty@nf.sympatico.ca

REGISTRATION PACKAGE



The Children's Centre

Preschool

St. Mary's Church, Craigmiller Avenue

St. John's, NL

(709) 579-9053

www.thechildrenscentre.com

thechildrenscentre@yahoo.ca

"We take children seriously"

The Children's Centre is a small, non-profit preschool offering child-oriented programs. The Centre was founded in 1968 by a group of dedicated parents who wanted an alternative to existing preschool programs. The Centre has continued because of parents who believe that children should have full and stimulating childhoods in order that they may be fulfilled and productive people all their lives.

Registration for new families for the 2010/2011 school year is open on 03 May 2010 for The Children's Centre. All classes have developmentally-appropriate programming. Our seven staff members are dedicated early childhood educators. They bring experience and enjoyment of children to our programs, as well as clearly defined goals and philosophy, and an enthusiasm and warmth that can be felt by children and parents alike.

PARENT-RUN

The Children's Centre is a preschool run by its parents. It is designed to allow parents the opportunity to be actively involved in their children's early learning experiences. Parents participate in all aspects of The Centre's operations, including selection of staff, programming ideas, fundraising, and administration. Parents are always welcome in the playroom. Parental involvement is important and vital, and helps maintain high standards of programming.

The fee structure is designed to basically meet our financial obligations, but we rely on the participation of parents in a variety of roles. The involvement of parents and families is required to help The Centre to provide an enriched program and environment for our children, while also reducing fees for everyone and creating a sense of community. Some examples of the roles and responsibilities that need to be fulfilled include: board positions (such as chairperson, fundraising coordinator, or communications coordinator) or other, more concrete tasks (such as special clean-up, laundry duty or building maintenance). There is plenty of variety to suit all parents' skills and abilities.

THE CHILDREN'S CENTRE

SUMMER 2010 REGISTRATION FORM

Child's Name: _____

Date of Birth: _____

Address: _____

Mother's Name: _____ Signature: _____

Mother's address (if different from above): _____

Home Tel: _____ Work Tel: _____

Email Address: _____

Father's Name: _____ Signature: _____

Father's address (if different from above): _____

Home Tel: _____ Work Tel: _____

Email Address: _____

6 week Summer Program	Child's Name	Program Fee
Five mornings a week (9-12 a.m.)		\$ 630
Monday, Wednesday and Friday mornings (9-12 a.m.)		\$ 378
Tuesday, Thursday mornings (9-12 a.m.)		\$252
Monday, Wednesday afternoons (1:30 - 4:30 p.m.)		\$252
Tuesday, Thursday afternoons (1:30 - 4:30 p.m.)		\$252
Registration fee	\$25 per child	
<p><i>*The registration fee of \$25 (non-refundable) is per child, when they are first enrolled at The Centre. Summer program fees must be paid in full at the time of registration. We require one month's notice for leaving a program.</i></p> <p><i>There have been changes in the age ranges for our Preschool 1 and 2 programs and there is overlap between programs. Please choose which time you want your child to attend and staff will place your child in the most appropriate program.</i></p>		

THE CHILDREN'S CENTRE

BACKGROUND & FAMILY INFORMATION

Name of Child _____

Address _____

Postal Code _____

Telephone (home) _____ (cell) _____

Date of Birth _____ **Age** _____

M.C.P. No. _____

	MOTHER	FATHER
Name:		
Address:		
Home Telephone#:		
Work Telephone #:		
Place of Work:		
Hours of Work:		

Emergency Contact Person _____

Relationship _____

Telephone _____

Family Physician _____

Telephone _____

(Work)

Address _____

Name(s) of Sibling(s)

Age(s)

School Grade(s)

Background & Family Information, page 2

Describe specific techniques used to settle/calm your child. _____

Any particular fears? (the dark, thunder, animals, etc.) _____

How far has your child progressed in toilet training? _____

Any nervous habits? _____

Child's word for urination _____

Child's word for bowel movement _____

What is your child's typical reaction to stress? _____

Child's favourite activities (playing in sand, water, building blocks, TV, etc.)

Does your child favour the use of the right or left hand? _____

Does your child have any speech problems? _____

Does your child have any other problems that the staff should know about?

We would appreciate your views on guiding children's behaviour and setting limits.

Previous school experience? _____

If yes, please describe _____

Comments: General behaviour and disposition, play habits, etc.

MEDICAL INFORMATION FORM

Name of Child _____

Date of Birth _____

Address _____

Telephone _____

Mother / Guardian _____

Father / Guardian _____

Family Physician _____ **Telephone** _____

Is your child subject to convulsions? _____

Has your child had all immunizations? _____

To your knowledge, does your child have any allergies? (Food, drugs, etc.) _____

If yes, please specify: _____

Is your child on a special diet? Yes _____ No _____

If yes, please describe _____

Is your child under any medical treatment at present? (Orthopedic, psychiatric, medication, etc.) _____

If yes, please give details

2004 update: Please note that new provincial regulations require parents to provide preschools and daycares with a copy of the blue immunization card distributed by Public Health for your child.

THE CHILDREN'S CENTRE

HEALTH HISTORY FORM
(To Be Filled-in by Parents/Guardian)

Child's Name _____
Date of Birth _____
Telephone Number _____
M.C.P. Number _____
Family Physician _____
Physician's Telephone Number _____

Has your child had the following illnesses? If so, at what age?

Measles	_____	German Measles	_____
Diphtheria	_____	Eczema	_____
Chicken Pox	_____	Strep Throat	_____
Rheumatic Fever	_____	Mumps	_____
Scarlet Fever	_____	Whooping Cough	_____

Please answer *yes* or *no* concerning your child:

Hearing checked	_____	Dental Check-up	_____
Contact with T.B	_____	Eyes tested	_____
Nightmares or bad dreams	_____	Well baby/child check-ups	_____

Please list accidents, congenital defects, surgeries, traumatic experiences, or any other special problems your child has experienced:

Does your child *often* have any of the following?

Swollen glands	_____	Ear infections	_____	Stomachaches	_____
Colds	_____	Kidney or bladder infections	_____		

Does your child have allergies? _____

If so, please give details (e.g. type of allergy, cause, reaction, etc.)

Is your child taking any medication? If so, what is it and what is it for:

MEDICATION CONSENT AND RECORD SHEET

Name of Child _____ Date of Birth _____

Part 1: Information (to be completed by parents)

Date medication prescribed: _____ for how long: _____

Name of prescribing physician: _____

Physician's telephone: _____

Reason for medication: _____

Name of medication: _____ Dose: _____

How is it given? _____

Time(s) to give medication: _____

The child received _____ (number) of doses at home.

Did the child have any reaction to the medication? Yes _____ No _____

If yes describe: _____

Special consideration for this medication, e.g., taken with meals, taken 1 hr. before meals:

I, _____ (parent) give permission for my child _____

_____ (child's name) to be given _____ (medication) according to the instructions stated above. I have explained when and how to give this medication and understand that I will be contacted if my child shows any unusual symptoms.

Parent's signature

Date

THE CHILDREN'S CENTRE

ASTHMA/ALLERGIES HISTORY FORM
(To be completed by physician)

Name of Child: _____ Date of Birth: _____
(yy/mm/dd)

Allergies/Triggers	Type*	Reactions/Symptoms	Prevention and/or treatment

* food , drug , environmental

Medication:

Name of medication: _____ Dose: _____

Frequency (e.g., daily; as needed): _____

What to do if a severe reaction occurs: _____

Adrenalin kit required: Yes _____ No _____

Other information: _____

Physician signature: _____ Telephone: _____

Physician name: _____
(please Print)

Review Date: _____

THE CHILDREN'S CENTRE

CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

Name of Child: _____

Date of Birth: _____
(yy/mm/dd)

If, due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize the childcare service provider to take whatever emergency measures s/he deems necessary for the protection of this child while in her/his care.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my 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.

Parent's signature

Date

Parent's name (please Print)

Operator's/Provider's Signature

THE CHILDREN'S CENTRE

RELEASE OF CHILD FORM

Who will be picking up your child?

Name

Address

Telephone

We/I _____ *and/or* _____
(mother) (father)

hereby authorize the release of our/my child _____
(name of child)

by the staff of The Children's Centre to any of the above named persons.

Mother's signature

Date

Telephone number

Father's signature

Date

Telephone number

REGISTRATION 2010/2011 CHECKLIST

Please check that you are returning one of each of the following items, for each registered child:

- Registration Form
- Background & Family Information
- Medical Information Form
- Immunization card (photocopy)
- Health History Form
- Medication Consent and Record Sheet
- Asthma/Allergies History Form
- Consent for Emergency Care and Transportation
- Release of Child Form
- Registration Fee (\$25 per child)
- Cheque for full summer program fee, dated July 1st, 2010