

Growing Tree Preschool



REGISTRATION PACKAGE

CHECKLIST FOR REGISTRATION

✓ **Completed Registration Package OR scan QR Code for Online Registration**



✓ **Tuition** – choose ONE method from the options below:

Option 1: Cheque - Include 10 postdated Cheques dated the first of every month, from September through June, for \$100 each.

Option 2: Payment in full - \$1000.00 paid on September 1 by Cheque or E-Transfer.

Option 3: E-Transfer - \$100 on the 1st of every month Starting September 1 through June 1, sent to contact@growingtreepreschool.ca

Please note in the case of missed payment, the payee will be contacted. If payment is not provided immediately or arrangements made for payment, your child will not be able to attend class until accounts are settled. If missed payments occur more than once, advance payments may be required before child can attend class each month. Any cheques that are returned N.S.F. will be assessed a processing fee of \$50

- **Annual Fees** - One time payment of \$150 (by E-transfer or cheque to be cashed September 1)
Fees Include:
 - **Supply Fee & Membership Fee - \$65.00**
 - **Snack Fee - \$85.00**
- **Fundraising Fee** – Cautionary Cheque for \$250.00 (Leave date blank). This cheque will only be cashed if you fail to participate in the mandatory fundraising. Fundraising efforts are determined annually and may vary based on our needs and goals. Typically, each family is required to participate in at least one mandatory fundraiser per year and may be asked to contribute volunteer hours to support these initiatives. The specific fundraiser and volunteer requirements will be communicated at the beginning of each school year. Please note that these requirements are subject to change, and families will be notified of any changes as they arise.

✓ **Criminal Record Check**

Criminal Record Checks must be completed by anyone who will be participating in The Growing Tree Preschool beyond pickups and drop offs. It is mandatory that anyone wishing to participate in the classroom throughout the year have their check submitted prior to the first day of class.



The Growing Tree Preschool

700 St Mary Street - Room 6
P.J. Gillen Elementary School
PO Box 8
Esterhazy, SK S0A 0X0
(306) 745-9061

contact@growingtreepreschool.ca

www.growingtreepreschool.ca



Completed packages can be submitted via:

Email - contact@growingtreepreschool.ca

Mail To - Growing Tree Preschool, Box 8, Esterhazy SK, S0A 0X0

Drop Off Location - P.J. Gillen Elementary School office OR Growing Tree Classroom

VISIT OUR WEBSITE FOR PRESCHOOL UPDATES & ANNOUNCEMENTS

www.growingtreepreschool.ca

Please do not hesitate to contact us if you have any questions.

Sophie Rausch, Teacher

306-745-9061



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Student Information

*** Eligible children must be 3 years old prior to September 1st of the registering school year
and must be toilet trained prior to the first day of school ***

Child's Name: _____ Birthdate: _____

Does your child have a nickname? _____ If yes, what is it? _____

Names of siblings (include nicknames) with birthdates:

Do siblings live in the same home? _____

Names of others living in the home: _____

Relationship to child: _____

What languages are spoken in your home? _____

Does your child have pets?

Describe your child's appetite:

What foods do you not permit your child to eat?

What time does your child usually eat:

Breakfast _____ Lunch _____ Snack _____ Supper _____

Provide any further information relating to your child regarding food or eating:

Does your child need help with dressing?

Does your child need help with toileting? _____



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Student Information Continued

How does your child show feelings of:

Affection: _____

Worry: _____

Fear: _____

Anger: _____

Frustration: _____

Excitement: _____

Is your child shy? _____

If yes, with whom? _____

If yes, when? _____

List some activities your child enjoys/does not enjoy and include any additional information you feel would be beneficial to know about your child:

Does your child make friends easily?

Does your child have any imaginary playmates?

Is your child enrolled in any extracurricular activities?



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Student Information Continued

How do you handle discipline at home?

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child.

***Please note all information is to help us better understand and suit the needs of your child.
All information is kept confidential.***

ALL email addresses for preschool updates: *(only emails listed here will receive preschool updates)*

Have you applied for any other preschool programs for the upcoming school year?

Upon entering Kindergarten, will your child be attending PJ Gillen? _____

If not, where will your child be attending Kindergarten? _____



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Emergency Information

Child's Name: _____

Personal Health #: _____

Date of Birth: _____

Insurance # (optional): _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Two other persons to contact in case of emergency:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Physician's Name: _____

Physician's Phone: _____

Address: _____



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Permissions/Consents

1. Medical Care

I give consent for my child, _____ to receive any medical care necessary if I am unavailable in an emergency.

My child has the following allergies (specify drug allergies):

*(Please complete **Protocol for Allergic Reaction** on page 8)*

My child has the following medical conditions:

My child is on the following medication(s):

Signature of Parent/Guardian

Date

2. Application of Sunscreen & Insect Repellent

I give permission for my child, _____ to receive application of **sunscreen** as determined by The Growing Tree Preschool Co-operative Ltd. staff to be in the best interest of my child's health.

Signature of Parent/Guardian

Date

I give permission for my child, _____ to receive application of **insect repellent** as determined by The Growing Tree Preschool Co-operative Ltd. staff to be in the best interest of my child's health.

Signature of Parent/Guardian

Date



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3. Excursion & Transportation (Including Esterhazy Community Daycare)

I give permission to Growing Tree Preschool for my child, _____ for the following:

YES **NO** Does your child attend Esterhazy Daycare & require transportation to and from school?

YES **NO** To participate in excursions not involving transportation such as walks in the neighbourhood, walks to the playgrounds, parks, and libraries.

YES **NO** To participate in excursions involving public or private transportation to locations such as libraries, parks, playgrounds, museums, and pet stores.

Signature of Parent/Guardian

Date

4. Photo/Video Release

I give permission for images of my child, _____, captured during regular and special preschool activities through video, photo, and digital imaging, to be used solely for the purpose of Growing Tree Preschool promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature of Parent/Guardian

Date

5. Liability

I give permission for my child, _____ to attend and participate in The Growing Tree Preschool program located in room 6 of the P.J. Gillen Elementary School.

I understand that the P.J. Gillen Elementary School, Good Spirit School Division & The Growing Tree Program will not be liable for accidents or injuries occurring on the school grounds or while in transport to/from The Esterhazy Community Daycare.

Signature of Parent/Guardian

Date



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6. Sharing of Information Consent

As the parent or legal guardian of, _____, I hereby give my consent for information to be shared between members of The Growing Tree Preschool & necessary Good Spirit School Division staff for the purpose of determining students needs. Only information pertinent to a child's development and the needs of their family will be discussed and this information will be kept confidential within the "circle of care". Members of this team may include staff from:

Good Spirit School Division such as:

- Student Services Coordinator
- Prekindergarten Educational Associate
- Parent Worker/Facilitator

- Physical Therapist

- Social Worker/Counsellor

- ASD Consultant

- Early Childhood Mental Health Therapist

Sunrise Health Region Partners:

- Public Health Department

Community Partners:

- Community Daycare Director

- PECIP

- KidsFirst

- SIGN

Sunrise Children's Therapy:

- Speech Language Pathologist
- Occupational Therapist
- Psychologist

Signature of Parent/Guardian

Date

7. Parent Consent

Our board is made of parent volunteers. Would you be interested in joining the board and making decisions that affect the day-to-day operation of our organization?

Yes

No

Occasionally we have out of classroom field trips or have multiple educators who are sick and can not attend class. In order to have adequate supervision and ensure classes are not cancelled, would you be willing to be on a classroom volunteer list?

Yes

No



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Protocol for Allergic Reaction

Student Name: _____ Age: _____

Allergic to:

Signs of Allergic Reactions:

Treatment:

Emergency Contact:

Name: _____

Phone Number(s): _____

Signature of Parent/Guardian

Date

Signature of Teacher

Date



EARLY CHILDHOOD INTERVENTION PROGRAM

The Early Childhood Intervention Program, Regina Region Inc.

1102 8th Avenue Regina, SK S4R 1C9
Phone: 306-347-5020 Fax: 306-347-5030

PARENT APPLICATION FOR EARLY CHILDHOOD INTERVENTION SERVICES

DATE: _____

CHILD'S NAME: _____
(First) (Middle) (Last)

GENDER: Male _____ Female _____ S.H.S. # _____

BIRTH DATE: _____
(Day) (Month) (Year)

BAND: _____ TREATY #: _____

ADDRESS: _____

POSTAL CODE: _____

MOTHER: _____ FATHER: _____

ADDRESS: _____ ADDRESS: _____

Postal Code: _____ Postal Code: _____

Email: _____ Email: _____

TELEPHONE: Home: _____ TELEPHONE: Home: _____

Work: _____ Work: _____

IF YOU HAVE NO TELEPHONE, HOW CAN YOU BE REACHED?

CAN YOU GIVE A SHORT DESCRIPTION OF YOUR CHILD'S AREA OF DIFFICULTY?

IF CHILD LIVES WITH INDIVIDUAL(S) OTHER THAN PARENTS:

NAME(S): _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

(OVER)

SISTER(S) & BROTHERS	BIRTH DATE day/month/year	DOES THE CHILD LIVE WITH THIS SISTER OR BROTHER?

Signature of Parent / Legal Guardian

Date

Medication Form

(As Required)

Child Care Regulation 27(1) requires every licensee who agrees to administer medication to a child to: (a) obtain prior written authorization to administer the medication from the child's parent; and (b) ensure written records of each dose of medication administered to a child are maintained.

Medication Authorization

* A separate form must be completed for each type of medication administered.

Child's Name: _____

Name of Medication: _____

Dosage: _____

Times of day to be administered: , ,

Child care centre or child care home provider name: _____

I hereby authorize staff of the above named child care centre or child care home to administer the above named medication in the dosage and the times of day indicated to the above named child.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Date: _____/_____/_____
Year Month Day

Signature of parent/guardian

Medication Record

To use this medication record, list the dates down the left hand column and indicate the times of day that the medication was administered. The person who administers the child's medication must place his/her initials in the appropriate box.

Date Year/Month/Day	Times Administered						Comments
	Time	Initials	Time	Initials	Time	Initials	

Date Year/Month/Day	Times Administered						Comments
	Time	Initials	Time	Initials	Time	Initials	

Medication Termination

Medication has been terminated on: _____ / _____ / _____
Year Month Day

 Signature of parent/guardian

 Signature of child care centre supervisor/child care provider

This form must be retained on file at the child care centre or the child care home for the period of time as outlined in Section 36 of *The Child Care Regulations, 2015*.

