

ARMSTRONG PRESCHOOL

Early Learning Centre

250-546-9314

manager@armstrongpreschool.ca

3260 Rosedale Ave, Armstrong, BC V4Y 0H7

Class Requested: MWF T/Th Start Date: _____ End Date: _____

CHILD'S INFORMATION

Full Legal Name: _____

Preferred Name/s: _____ Date of Birth (DD/MM/YY): ____/____/____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Gender: ☐ M ☐ F ☐ X Previous Centre (if any): _____

GUARDIAN #1 INFORMATION

Guardian: _____

Relationship to Child: _____ Email Address: _____

Phone Numbers: Cell _____ Home _____ Work _____

Home Address (if different from student): _____

City: _____ Province: _____ Postal Code: _____

GUARDIAN #2 INFORMATION

Guardian: _____

Relationship to Child: _____ Email Address: _____

Phone Numbers: Cell _____ Home _____ Work _____

Home Address (if different from student): _____

City: _____ Province: _____ Postal Code: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Child: _____ Email Address: _____

Phone Numbers: Cell _____ Home _____ Work _____

Home Address (if different from student): _____

City: _____ Province: _____ Postal Code: _____

OTHERS WITH PERMISSION TO PICK UP:

OTHERS NOT PERMITTED ACCESS:

LEGAL

Are there any court documents we need to be aware of?
(custody agreement, restraining order, etc.)

☐ Yes ☐ No

If yes, please attach a copy of the court documentation and discuss with manager.

MEDICAL INFORMATION

Does your child have any Allergies or Sensitivities?

☐ Yes ☐ No

If yes, please list: _____

Does your child have any medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please specify: _____

Does your child require medication at school?

☐ Yes ☐ No

If yes, please fill out a "Permission to Administer Medication" form.

Is your child potty-trained?

☐ Yes ☐ No

Has your child been immunized?

☐ Yes ☐ No

Is their immunization up to date?

☐ Yes ☐ No

***Immunization is not required to attend,
though it is highly recommended.**

Primary Physician Name: _____ Phone Number: _____

Child's Personal Health Card Number: _____

ABOUT YOUR CHILD

Who does the child live with: (siblings, parents, extended family, room-mates)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

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Name: _____ Age: _____ Relationship: _____

What can you share about your child? (likes/dislikes, friends, activities)

What's your favourite thing about your child?

Is there anything you and your child are working on or have concerns about? (behaviours, hearing, vision, speech/language, general health, toileting)

Is your child currently participating in any therapies? In the past? (speech, occupational therapy, behaviour, etc)

FINANCIALS

- ☐ \$25 society fee (due at time of registration) Paid by: EMT / Cash / Cheque
- ☐ An etransfer payment plan * for the 1st of each month
(due at our Meet the Teacher event in August/September 2026)
- ☐ Payment of the first and last months fees (due the first month of attendance)
 - Please contact our treasurer at treasurer@armstrongpreschool.ca to make any changes.

EXPECTATIONS

As a Not-for-Profit & Parent Participation Early Learning Centre.....

To keep costs manageable and to offer you the opportunity to be partner in your child's learning, we need your help in the following ways...

- 2 Maintenance tasks - these will be posted at the door or online. Cleaning or Repairs.
- 2 Parent Helper Days - booked by yourself on our calendar. Check Handbook for details.
- 2 Fundraisers - financially and/or in person for events.

Attending General Meetings and/or participating on our Executive Board...

General Meetings are where the policies and happenings of the centre are decided. As a society member, your family has a say! Meetings are held on Tuesday evenings every two months. Meetings are generally less than 2 hours. See the website for upcoming dates. Any adult family member is welcome to attend and vote. Children are welcome!

If you are interested in joining our Society's Executive Board, please contact any current member or email general@armstrongpreschool.ca.

I, _____, have read the Parent Handbook and the expectations listed above. I agree to honour and fulfil the Participation duties. I understand and agree with the preschool policies and procedures.

Signature

Date

Please take a few minutes to review your registration form to ensure it is filled out correctly and COMPLETELY.

If you would like a print copy of our Parent Handbook, please ask.
It can also be accessed on our website at armstrongpreschool.ca

PERMISSIONS

Child's Legal Name: _____

Date of Birth (DD/MM/YY): ____/____/____

- ☐ I give permission for my child to be taken on short local outings off school property with the rest of their class and teachers. These may be a simple walk down the trail beside us, up to the mailbox, or the playground at AES or Memorial Park.

☐ Yes ☐ No

- ☐ Parents, staff, and practicum students may take photos of my child in preschool and/or on preschool outings. No photos will be posted publicly or online without my permission.

☐ Yes ☐ No

- ☐ To share our days, the centre uses an app called Class Dojo. There is an account for our school and each of the classes. Access to our account is by invite only and therefore secure and private. You will receive an invite in the first month of class or earlier. This app allows parents to chat with other parents and to contact each other. Pictures will be posted on the app to share class activities. **We ask that images and videos are not shared in any format, online or in any other way by anyone with access to this account.**

Please use this app to get up to date information for our classes and centre.

Please choose below to agree to this.

If you have any questions or concerns, leave this blank and discuss with the manager.

☐ Yes ☐ No

- ☐ It is the policy of this centre to notify a parent or emergency contact should a child become ill or needs medical attention.
In event the we cannot reach any contacts, we need your permission to get your child immediate emergency care. This may include calling 911 or an ambulance.

I give consent for my child to be taken to the nearest emergency centre by ambulance, if required, when I and my emergency contact cannot be reached.

I also give consent for my child to receive emergency medical treatment for an injury or accident. (This does not include elective treatments or care.)

☐ Yes ☐ No

Signed by (please print) _____ on the _____ day of _____, 2026

Signature: _____

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3260 Rosedale Avenue
Armstrong, BC V4Y 0H7
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CONSENT FOR ELECTRONIC MESSAGES FOR CANADIAN ANTI-SPAM LEGISLATION (CASL)

As a result of Canada's Anti-Spam Legislation (CASL), our school must now obtain your specific consent to be able to send you newsletters, announcements, and other electronic messages which may contain advertising or promotions including requests for fundraising or other similar events and offers.

I give Armstrong Preschool permission to contact me using electronic messages which may include information as described above.

Parent/Guardian Name	Student Name(s)
Preferred Email Address	Other Approved Addresses
Signature	Date

You may also subscribe or unsubscribe from this communication list by emailing:
general@armstrongpreschool.ca

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EMERGENCY CARD – ARMSTRONG PRESCHOOL

Full Legal Name: _____

Personal Health Number _____ Date of Birth (DD/MM/YY): ____/____/____

Gender: ☐ M ☐ F ☐ X

Enrolled class: MWF T/Th

Allergies/Sensitivities _____

Health Concerns/Medication _____

Guardian #1 _____

Phone #: c: _____ h: _____ w: _____

Guardian #2 _____

Phone #: c: _____ h: _____ w: _____

Emergency Contact _____

Phone #: c: _____ h: _____ w: _____

Doctor's Name and Phone # _____

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I give consent for my child to be taken to the nearest emergency centre by ambulance, if required, when I and my emergency contact cannot be reached.

I also give consent for my child to receive emergency medical treatment for an injury or accident. (This does not include elective treatments or care.)

Signature _____ Date _____