



Buena Vista Creative Preschool

*Buena Vista Creative Preschool is located in a spacious main floor classroom in Buena Vista School, Saskatoon (1306 Lorne Avenue). We have been in operation since 1992, and enjoy all of the benefits of being part of the Buena Vista School “family”, including access to school amenities, school newsletters, and care-partners with other students. The Preschool Classroom provides a carefully planned, stimulating environment, which will help children to develop within themselves the foundational habits, attitudes, skills and ideas essential for a lifetime of creative thinking and learning. Buena Vista Creative Preschool believes that it is important for children to learn through interaction with others, including parents, staff and peers in a friendly learning environment.*

### **Our Philosophy:**

- To promote community well-being by providing a quality preschool that meets the needs of preschool children in the Buena Vista area
- To provide a safe, positive environment that enhances early childhood learning, play and social development
- To attend to the individual child’s needs as assessed by a qualified teacher
- To encourage families to take an active role in the Buena Vista Preschool and Community

### **Preschool Operation:**

- Our preschool is run as a co-operative, where families are asked to be a parent helper in class approximately once per month, participate in fundraising activities, attend one toy wash, and donate craft or classroom supplies occasionally.
- Class size is a maximum of 15 children – 3-5 years of age.
- Three-day classes run on Mondays, Wednesdays and Fridays (9:15 to 11:30am).
  - This class is focused on kindergarten readiness, and is geared towards 4-5 year olds.
- Two-day classes run on Tuesdays and Thursdays (9:15 to 11:30am).
  - This class is focused on introduction to education, and is geared towards 3-4 year olds.
- Preschool commences the second week of September and ends the third week of June.
- Our preschool is a non-profit organization and operates under the Buena Vista Community Association
- Enrolled children must be potty-trained and 3 years of age as of September 15 of the registration year.

### **Fees: Cheques are the preferred method of payment. You will need a total of 13 cheques.**

- **A \$25 non-refundable registration fee- Please submit payment with your registration form.**
- Tuition is \$80/month for 3-day/week class and \$60/month for 2-day/week class. **Please write a post-dated cheque for the 1<sup>st</sup> of each month (10 cheques total, Sept.- June).**
- One deposit cheque for \$50 (**post-dated December 1, 2019**) will be collected from each family. The cheque will be returned after December 1<sup>st</sup> if your fundraising requirements have been met.
- One deposit cheque for \$100 (**post-dated June 1, 20120**) will be collected from each family. This will only be cashed if a helper day is missed or you fail to show up to one of the toy washes. The cheque will be returned to you at the end of the year if your responsibilities have been met.
- **Cheques should be made payable to “Buena Vista Community Association”.**
- Subsidies for preschool tuition are offered through the Saskatoon Preschool Foundation ([www.spf.sk.ca/](http://www.spf.sk.ca/)). Please notify the preschool if you plan to apply for subsidy, as we can assist with the application process.

Tuition and deposit fees will be collected at the Registration Night, which will be held **February 7, 2019, 6:30-8:00pm**. Later registrants are expected to provide cheques upon registration. *Class size is limited; you are encouraged to submit your registration form and fee as soon as possible.*

**If you have any questions, please visit [www.bvcreativepreschool.com](http://www.bvcreativepreschool.com) or email us at [bvcreativepreschool@gmail.com](mailto:bvcreativepreschool@gmail.com)**

# BUENA VISTA CREATIVE PRESCHOOL - REGISTRATION FORM

**Class Preference (mark first and second choice accordingly):**

3 mornings per week (Mon./Wed./Fri. – 9:15 to 11:30am) \_\_\_\_\_

2 mornings per week (Tues./Thurs. – 9:15 to 11:30am) \_\_\_\_\_

<p><u>For Office Use Only:</u> Date Received: _____ Registration Fee Paid: Chq / Cash : Y / N</p>
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**Child's Full Name** \_\_\_\_\_

Name Child is known by: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Age as of September 15<sup>th</sup>: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Legal Guardian 1 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Legal Guardian 2 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status of Parents (optional): \_\_\_\_\_

Please state the custody arrangement, if applicable: \_\_\_\_\_

\*Please talk directly to the classroom teacher or board president if there are any special custody arrangements that pertain to your child. Please note that court documentation may need to be provided

Is your child potty trained? (If not trained by Sep. 15, of registration year, child may be withdrawn) \_\_\_\_\_

Child's Siblings: # of Brothers \_\_\_\_\_ Names and Ages \_\_\_\_\_

# of Sisters \_\_\_\_\_ Names and Ages \_\_\_\_\_

What school do your older children attend? \_\_\_\_\_

Do you celebrate ( ) Christmas ( ) Hanukkah ( ) Other Holidays \_\_\_\_\_

**Health Information:**

Does your child have any health issues? If so please list below. Please include the names of medications, if required. The only meds that may be on a child or in their backpack are an epi-pen and asthma inhalers. All other meds will be stored in a locked drawer or cabinet under the supervision of the teacher. No non-prescription medications allowed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any **allergies**? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical, social or emotional challenges? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Buena Vista Creative Preschool welcomes all children to take part in our program. If your child has any special needs that require an Educational Assistant to help them in the classroom, the preschool cannot cover this cost. The Saskatoon Public School Division offers support to special needs children through the Preschool Support Program (PSP). The PSP is available to children who meet special needs funding criteria set out by Saskatchewan Learning. If parents wish to apply for the Preschool Support Program, please contact **Randi Barker at 683-8324, [BarkerR@spsd.sk.ca](mailto:BarkerR@spsd.sk.ca)**

Is there anything else the teacher should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list the legal first and last names of any person (parents or other) that will be volunteering in the classroom.** This will allow us to provide a letter for you to attain your required criminal record checks.

Full Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

**WAIVER OF LIABILITY**

I will assume full responsibility for my child’s safe conduct to and from Buena Vista Creative Preschool. This includes accompanying the child into the preschool classroom, removing outerwear and outside footwear, and putting on indoor shoes. I will ensure that my child is picked up promptly after each class.

My child has permission to go on neighbourhood walks and community field trips while attending Buena Vista Creative Preschool. I will be notified in advance when off-site trips are scheduled. Whether transportation is provided by the preschool or by the parents/caregivers to attend a field trip, I agree that no liability will be attributed to the Preschool Teacher, the Preschool Executive/Board or the Buena Vista Community Association (BVCA) should there be an accident or injury suffered by my child while attending such a trip. I have the right not to have my child attend an off-site field trip. I understand the meaning and implications of this waiver of liability.

Buena Vista Creative Preschool is operated under the BVCA, as such the Saskatoon School Division assumes no liability for the preschool operations.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please list the names of the people (other than parents) that will regularly be dropping off and picking up the child from class.**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

**INFORMATION RELEASE**

The information provided in the Buena Vista Creative Preschool registration package is confidential. In order to facilitate contacting other parents and new friends, a class list will be distributed to all parents. Thus, we request consent in preparation of such a list.

\_\_\_\_\_ (please check) I consent to the release of my name, my child's name, phone number, and email address solely for the purpose of preparing a class list to be distributed to other members of the preschool. Please list name(s) and contact information to be included on the class list.

Child's name: \_\_\_\_\_

Parent/legal guardian name(s): \_\_\_\_\_

Email\*: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature \_\_\_\_\_

*\* Email is the primary form of communication for the preschool, therefore please list an email account that is regularly checked. Additional email addresses can be included below.*

**MEDICAL INFORMATION - In Case of Emergency**

Child's Hospitalization Number \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I, (parent, guardian) \_\_\_\_\_, hereby give consent for my child, \_\_\_\_\_, to receive emergency treatment, if deemed necessary, by a qualified attending physician. I understand that every effort will be made to contact the parents/guardians on the occurrence of such an emergency. However in the event that the parents/guardians are unable to be contacted, the third party indicated below will be contacted.

**Signature of Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Responsible third party:** available during preschool hours (in case we cannot contact the parents, we are looking for another person to contact in case of an emergency, illness, or in the event no one is present to pick up the child after class)

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

**MEDICATION ADMINISTRATION RELEASE**

*\*\*\*To be completed only if child may require medication to be administered by the teacher\*\*\**

I, (parent/guardian), \_\_\_\_\_, do hereby authorize and request that in the event of an emergency and/or it appears that my child, \_\_\_\_\_, is having an asthma attack or an allergic reaction, that you, as the teacher of Buena Vista Creative Preschool, administer the following medication that I have provided and discussed with the teacher: \_\_\_\_\_.

Upon administering the medication, I would like the following instructions to be carried out

\_\_\_\_\_ My child should be rushed to \_\_\_\_\_ hospital,

\_\_\_\_\_ My child should be picked up by a parent/guardian

\_\_\_\_\_ Other instructions (please fill in) \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\*Please note: All directions regarding medications need to be provided to the teacher in writing.*

**CONSENT FOR POSTING PHOTOS ON A PRESCHOOL BLOG SITE**

We have the opportunity to create a preschool blog site and post pictures taken during the classes. The main focus of the blog will be to share preschool photos with parents and other family members. The blog site will be password protected and not searchable. If you choose to participate, no names will accompany the photos, and the site will be taken down in July 2018 and all photos deleted. We require your permission to put pictures of you and your child on the site. If you are willing, please complete the following:

I give permission to have pictures of my child, \_\_\_\_\_, and his/her parents/guardians on the preschool blog site. I understand that no names will accompany those pictures.

**Signature of Parent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FURTHER INFORMATION**

1. What do you want your child to gain from preschool (goals and expectations from the program)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please let us know how you heard about our preschool (for future advertising purposes):  
\_\_\_\_\_

**VOLUNTEER FOR THE PRESCHOOL EXECUTIVE / COMMITTEES**

Buena Vista Creative preschool is a co-operative; as such our success is a direct result of the time and effort put forth by our families as a whole. Please consider volunteering some of your time in order to create the best possible preschool for our children. Our Executive generally meets one evening per month for 1 to 2 hours. The meetings are very informal and a great way to meet others in the community.

**2019/2020 Executive Positions:**

***Preschool Chair (VACANT):***

This person is responsible for chairing the monthly preschool meetings and also reporting to the BVCA as to the preschool operations (~5 meetings per year). The Chair also maintains the files and paperwork related to the preschool.

***Preschool Vice Chair and Secretary (VACANT):***

This person is will assist the Preschool Chair in administrative duties, such as, booking rooms, assisting with paperwork related to the preschool and attending executive meeting and keeping meeting minutes.

***Teacher Liaison (VACANT):***

This person is the primary contact with the preschool teacher. If a group decision is required, the teacher liaison can then contact the rest of the board. This person organizes field trips and transportation. The teacher may request assistance with the end of year scrapbooks.

***Registrar (VACANT):***

This person maintains a list of children registered in the preschool, and coordinates and facilitates registration throughout the year.

***Treasurer (VACANT):***

This person collects fees, distributes receipts, and works with the Treasurer of the Buena Vista Community Association to maintain a budget for the preschool.

***Fundraising (VACANT):***

This person is responsible for the fundraising activities of the preschool.

***Newsletter/Website and Blog (VACANT):***

This person will work with the teacher and Executive to create a monthly newsletter, updating parents on the events and activities of our preschool. This person also maintains and updates the preschool’s website and blog. The preschool blog is password-protected and photos are posted periodically throughout the year, so families can see what we have been up to in the classroom. The teacher may request assistance with the end of year scrapbooks

**2019/2020 Additional Support:**

***Scheduling Representative (VACANT):***

There is one scheduling representative per class (MWF class and TTh class). This person assists with the creation of the parent helper schedule for their class (posts the calendars on the board, monitors the number of helper days per family).

Let us know if you are interested in volunteering!

Name: \_\_\_\_\_

Position: \_\_\_\_\_