

GOBIND SARVAR PRESCHOOL

Registration Package



WELCOME

to our

FAMILY



What to Expect!

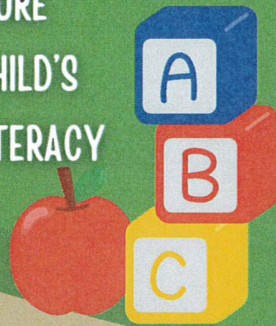


EARLY EXPLORERS

FOSTERS CHILD'S NATURAL CURIOSITY ABOUT SCIENCE AND NATURE TO CREATE TEACHABLE MOMENTS THAT ALLOW CHILDREN TO EXPLORE AND DISCOVER

ALPHABET ADVENTURES

DESIGNED TO HELP NURTURE AND CHALLENGE YOUR CHILD'S EARLY LANGUAGE AND LITERACY SKILLS



ARTS SMARTS

INSPIRES CHILDREN TO BE IMAGINATIVE AND EXPRESS THEMSELVES THROUGH CREATIVITY AND ARTS

GURMUKHI GARDEN

ESPECIALLY DESIGNED PROGRAM THAT TARGETS THE EARLY DEVELOPMENT OF SECONDARY LANGUAGE AND LITERACY SKILLS



MATH MASTER

CREATE LEARNING EXPERIENCES THAT BUILD REASONING, PROBLEM-SOLVING, AND MATHEMATICAL SKILLS

MOVE & GROOVE

WE PROVIDE HEALTHY AND FUN ACTIVITIES WHICH ENHANCE THEIR PHYSICAL DEVELOPMENT





Gobind Sarvar Welcome Letter

Dear parents and children,

Welcome to the Gobind Sarvar Community! We are humbled that you have entrusted us with your child's early years of learning and we are excited to start this journey with you. At Gobind Sarvar, it is our mission to inspire students to become lifelong learners by providing a safe, nurturing environment focused on inquisitive thinking, self-exploration and creative growth.

Our school program is designed to give your child a positive early start and enable them to have a strong foundation. We will employ open spaces and children's natural curiosity to create teachable moments. Recognizing that early education is imperative to overall development, we offer a variety of programs that are tailored to each child.

At Gobind Sarvar, we are shaping today's learners into tomorrow's guides. On behalf of the educators, administration and volunteers of Gobind Sarvar, we look forward to learning, growing and enjoying the coming year with you.
Gobind Sarvar Community

Gobind Sarvar Community



Gobind Sarvar Enrollment

Required Payment

For each child registered, families are required to pay the applicable registration fee and set up a payment plan prior to confirmation of class enrolment. Monthly tuition fees must be paid in full on the first of each month. Tuition fees can be paid via cash, credit card, cheque or direct deposit.

Registration Fee

A one-time registration fee (non-refundable) of \$100 per child will be due upon registration and does not apply towards the monthly fees owing.

Subsidy

If you are a family who requires financial assistance yet would like your child to attend our school, please note that you may qualify for BC Childcare Subsidy. This program offers financial support to families in need. It is important to note that subsidy does not cover all tuition costs and families are responsible for all outstanding tuition (including registration fee). If you would like more information about how to apply and eligibility details, visit their website at <http://www.mcf.gov.bc.ca/childcare/subsidy/eligibility.htm>

Parent's/Legal Guardian's First Name: _____

Signature: _____ Date: _____



GOBIND SARVAR PRESCHOOL
8820-168 STREET, SURREY, BC
PHONE: 604-930-2122
FAX: 604-497-1122
EMAIL: INFO@GOBINDSARVAR.COM
WEBSITE: WWW.GOBINDSARVAR.COM

FOR OFFICE USE:
MEDICAL ALERT
LEGAL ALERT
DATE OF REGISTRATION: (YY/MM/DD) _____

FACILITY NAME	
FULL NAME OF CHILD	USUAL NAME OF CHILD (if different)

PERSONAL INFORMATION	
CHILD'S DATE OF BIRTH (YYYY/MM/DD)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS	
POSTAL CODE	TELEPHONE
PARENT OR GUARDIAN	PARENT OR GUARDIAN
ADDRESS (if different from above)	ADDRESS (if different from above)
TELEPHONE	TELEPHONE
WORK ADDRESS / ALTERNATE LOCATION	WORK ADDRESS / ALTERNATE LOCATION
TELEPHONE	TELEPHONE
CELL PHONE	CELL PHONE
HOURS AT THIS LOCATION	HOURS AT THIS LOCATION

EMERGENCY HEALTH INFORMATION	
CARE CARD NUMBER	
FAMILY DOCTOR / CLINIC NAME	DOCTOR / CLINIC TELEPHONE

CONSENT FOR EMERGENCY CARE	
I authorize the staff at the child care centre to call a medical practitioner or ambulance / transport child to emergency medical care, in the case of accident or illness of my child(ren), if the parent or guardian cannot immediately be reached.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALTERNATE PERSON(S) AUTHORIZED TO PICK UP CHILD (other than parents/guardians listed above, include emergency pick up) Check all that apply

NAME	RELATIONSHIP	TELEPHONE	AUTHORIZED TO PICKUP	AUTHORIZED TO CALL IN AN EMERGENCY

PERSON(S) WHO ARE NOT PERMITTED TO ACCESS MY CHILD

NAME	RELATIONSHIP	TELEPHONE

CUSTODY OR OTHER LEGAL ORDERS

<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE SUPPLY A COPY OF THE ORDER TO THE FACILITY MANAGER / LICENSEE
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CHILD'S IMMUNIZATION STATUS

IS YOUR CHILD UP TO DATE ON IMMUNIZATIONS? YES NO NOT IMMUNIZED COMMENTS:

HEALTH INFORMATION (attach a separate sheet, if necessary)

REGULAR MEDICATION(S) AND REASONS FOR *(please list)*

ALLERGIES AND TREATMENT OF *(please list)*

INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD AND INCLUDE DATE(S)

1. Please describe any concern(s) / issue(s) regarding your child's health (seizures, vision, hearing, asthma, etc.)
2. Please describe any concerns you may have regarding you child's development (i.e. behaviour, vision, hearing, speech, language, mobility, etc.)
3. Describe any specific care instruction regarding 1) and/or 2) above.

OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE *(e.g. occupational therapist / physical therapist)*

ANY OTHER INFORMATION I SHOULD KNOW

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SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

SIGNATURE	PRINT NAME	DATE
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NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.

ADDITIONAL INFORMATION ABOUT YOUR CHILD**GROUP EXPERIENCES**

WHAT IS/ARE YOU CHILD'S FAVOURITE TOY(S)/ACTIVITIES
HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCES? YES NO IF YES, HOW DID HE/SHE ADAPT?
HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN? (E.G. SEEKS OTHERS OUT, FEELS SHY)

EMOTIONAL

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?
DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE.
WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?

FAMILY AND GENERAL HOUSEHOLD INFORMATION

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (E.G. SIBLINGS, GRANDPARENTS)	
PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME	
PRIMARY LANGUAGE SPOKEN IN THE HOME	OTHER LANGUAGES
NAME OF ENGLISH SPEAKING PERSON (IF NEEDED)	TELEPHONE

EATING AND NUTRITION

LIST YOUR CHILD'S FAVOURITE FOOD

LIST ANY DISLIKED FOODS

PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS

ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOODS?

SLEEPING

NAP TIME

HOW LONG TO SETTLE

TIME OF WAKING

BEDTIME

HOW LONG TO SETTLE

TIME OF WAKING

DOES YOUR CHILD TAKE A FAVOURITE COMFORTOR (E.G. BLANKET OR TOY) TO BED?

YES NO IF YES, PLEASE DESCRIBE AND TELL US IF IT IS "NAMED"

WHAT IS YOUR CHILD'S MOOD UPON WAKENING?

TOILETINGIS YOUR CHILD TOILET TRAINED?
YES NO PARTIALLY

PLEASE INDICATE YOUR CHILD'S FREQUENCY OR PATTERNS FOR BOWEL MOVEMENTS

DESCRIBE ASSISTANCE NEEDED FOR TOILETING

WHAT "SPECIAL" WORD DOES YOUR CHILD USE FOR: URINATION: BOWEL MOVEMENT: _____



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PRESCHOOL

Class Times

Please select one preferred class time from the options below.

- 8:00 am - 11:00 am
- 11:30 am - 2:30 pm
- 3:00 pm - 5:30 pm

Class Days

Please select one preferred class time from the options below and choose what days you prefer.

- Five days (Monday - Friday)
- Four days:
- Three days:
- Two days:

MONTHLY TUITION COSTS				
Age Range	Five days (Monday - Friday)	Four days	Three days	Two days
2.5 to 5 years old	\$675.00	\$540.00	\$405.00	\$270.00



Permission to Photograph

I, _____, give permission for Gobind Sarvar Preschool:
(Parent/Guardian name)

photograph my child, _____, for the following purposes:
(Child's name)

Display in Scrapbooks

Display in facility's scrapbook or bulletin boards, shown to current and prospective clients

Display still photos on child care websites

Post pictures on Child's Care instagram or Social media

Child's Care Newsletter/ Youtube

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

Parent/GuardianSignature: _____ Date: _____



Gobind Sarvar School Enrolment Document Checklist

Student Passport and/or Birth Certificate

Student Care Card

Immunization Record

Proof of Address

Parent's Passport or Canadian Citizenship

Parent's PR Card (if applicable)

Medical Documents (if applicable)

Legal Documents (if applicable)



Item Checklist

For Parents

1. Clothes in Ziploc Bag:

- Rain Jacket and Pants (Muddy Buddy)
- Shirt and Pants
- Masks
- indoor shoes
- Extra Underwear
- Sun hat
- Gloves/ mittens
- Comfort item (ex: teddy bear, toy car, etc.)

2. Other items needed:

- Sunscreen
- Face wipes
- Spill proof water bottles
- Any allergy medication/ EpiPen/ inhalers
- Extra grocery bags in case of an accident