



Dear Parents,

Welcome to University Hill Preschool. Below, please find information about our school year, as well as a list of items and forms to complete your child's registration.

*Please bring all items and completed forms to the **Annual General Meeting** or **Parents Social Get Together**, so that the teachers can prepare the classroom, an email will be sent with these dates. *If your child is joining us mid-year, please prepare all items and forms for his or her first day of school.*

Items Your Child Will Need For Preschool

- Four Pictures:** One for the washroom and one for the cubby and two small headshots to attach to the two emergency consent forms.
- Family Photo for the "House Corner":** The children provide a family photo and often stop by the "House Corner" to look at their photos and talk about their family. Please bring these pictures to the Annual General Meeting at the beginning of the year, so that the teachers can have them ready for the first day of school. (If your child is joining us mid-year please bring on his or her first day).
- Personal Books:** We ask that you make a little introductory book about your child. It can have pictures of the family, things that your child loves to do or food your child loves to eat, trips that your child has been too etc. There are various ways of making the book, it depends on your interest. You can involve your child in the making of the book, with drawings and stickers to add on or you could do a photo book with description on the computer. This book is very important for the children's transition into school, especially in the beginning of the year. Having their books in class, helps us teachers to get to know your children better and introduce them to their classmates.
- Re-useable water bottle:** Parents are asked to take the bottle home each night so they can be cleaned. The teachers will help aid in handing them out at the end of each day.
- Slippers or "Indoor Shoes":** Provide your children with rubber-soled Velcro slippers or shoes for indoors. These may be left in the child's cubby, and should be marked with the child's name.
- Extra Clothes:** All children should be toilet trained. If your child is prone to "accidents", keep an extra pair of underwear and a change of clothes at school and allow bathroom time before starting the day at school. If your child is not toilet trained, please be sure to stay by your cell phone during class so that the teachers can call you to assist if the child is refuses to have the teacher change them. Please try to toilet train your child as soon as possible.

Forms: (All required forms are attached in the following pages.)

- Registration Form
- Emergency Consent Form ***Please make 2 copies of the form and a photo to both.*
- Immunization Record
- Earthquake/ Disaster Form
- Field Trip Consent form
- Photo Consent Form
- Refund Policy Form
- All About Me Form
- Anaphylaxis Form (only if your child has an allergy)

Please make sure that a teacher receives these forms. This ensures us that we have everyone's information in case of an emergency. It is very important that these forms are handed in by the first day and absolutely no later than the first week of school.

Other Useful Information

Clothes That Little Hands Can Handle: The children are encouraged to dress themselves. Therefore we would prefer Velcro closings on shoes. Easy to do up coats. Elastic waistbands on pants for easy up and downs. Also, during the cold winter weather, if possible, avoid bringing your child to school in a one-piece snowsuit as the teachers have great difficulty wrestling all the children into their winter paraphernalia.

Preschool is Messy: Growing up is a messy business, we have paint, play-dough, clay, all sorts of messy and gooey objects to touch and feel and sense. The teachers do the best to keep the children's clothes clean but accidents happen. The preschool is not responsible for clothes which are permanently damaged. Please dress your children appropriately. Preschool is a place to be messy and have fun. Children should not worry about their clothes.

Gradual Entry: In the first few weeks, the four year olds will be renewing old friendships as well as making new friends. The three year olds will be adjusting to their new experience at school. Most will settle in smoothly; however, a few will experience separation anxiety. We will work with the parents and child to minimize the problem and help the child become more comfortable in the new environment. We welcome those parents who wish to stay with their three year olds, to join us during class until their children are comfortable enough to stay on their own. Normally, most children are settled in the program within a week.

Emergency Line: The preschool has an emergency phone line. This is only for urgent reasons such as late pick-up, early pick-up, change of plans for pick-up, car trouble, etc. For any day to day topics, use the normal school line.

School line: (604) 228- 8610

Urgent line: (604) 228-8604

Arrival & Dismissal: We ask that you arrive promptly as it is very difficult to settle the children if the teachers have to answer the door once class is started. It is recommended to make a routine to take the children to the bathroom and wash their hands before class begins.

Please sign the sign-in/out sheet EVERY TIME you drop off or pick up your children. This sheet will be on a desk next to the main classroom door. The teachers must be notified by you, if you have arranged to have someone pickup your child. The August newsletter will have information on late pick up penalties.

Bulletin Boards & Notices: Please check the boards at the entrance door. Important notices will be posted from day to day. You can collect their artwork from the class art boxes at the beginning or end of the day.

Curriculum: Our circle and artwork will be fairly general until the end of September, to further allow the children to settle in. The theme for September is Self-Concept. We will discuss our wonderful bodies and its many parts. We will discuss the things our bodies can do. We will also be talking about our families, our culture and the place of our origin. We also integrate the Reggio Emilia Approach and the Montessori Philosophy in the planning of our curriculum. Please find attached some information about this fascinating approach.

Painting: We have bright beautiful paint. This paint will not wash off properly and the stain will stay on clothing. The colors are vibrant and fun so children can have more fun creating. We need your cooperation and that would be to dress your young ones appropriately. The children are here at school to do all the things that are difficult to do at home. In class they can get into everything and explore without worries.

Research: If you have pictures, artifacts, clothing or anything else that can represent your culture, please bring it to us so we can display it for the children. You may have a recipe that you'd like to make with the children. Let us know if you are interested in such an activity.

Show & Tell: We will start "Show & Tell" with the afternoon class. One child will be chosen each day. A bag will be given to your child on the day that he/she is chosen as the "Show & Tell" person. The "Show & Tell" person can choose one item to bring to the preschool to show and tell about. Artifacts, pictures and the sort are some good items to bring. Please refrain from bringing toys. This item can also be a sharing item with other friends.

Super Star: Once the children bring in their personal books, we will start to read them. Each day one child will have his/her book read to the whole group.

Birthday Children: It is a custom at our preschool to recognize and celebrate the children's birthdays during class. Parents can bring treats low in sugar for their children to share with the class. Please check the Allergy list in the class room. Definitely no peanuts or tree-nuts.

FLU and Illness: Parents and caregivers are urged to help us protect the school children from the spread of any flu or colds by keeping the children at home when sick. Symptoms include: fever, cough, sore throat, body aches and headaches, chills and fatigue, occasionally vomiting and diarrhea.

Reminders: Children's pictures should be taped to the cubby and washroom.

Earthquake Comfort Kits

We are working together to make the children and preschool better prepared should an earthquake or other emergency occur during school hours. Your help is greatly appreciated.

Earthquake Comfort Kits are small packets that are stored by class, along with the school's earthquake supplies. Each child has a personal kit (prepared by you), containing a non-perishable snack and other "comfort" items, as outlined below.

Complete the Emergency Information form and enclose it with all of the items mentioned below. The kits will be returned to you at the end of the year.

Return your child's kit to the school NO LATER THAN THE SECOND WEEK OF SCHOOL.

Items to be included in your child's personal Earthquake Comfort Kits:

- A plastic garbage bag to be used as a raincoat with holes cut out for the child's head and arms; or a small, compact travel poncho. (Please write your child's name and phone on masking tape and stick it onto the poncho).
- A small amount of non-perishable food, such as: 2 fruit leathers, 1 power bar; 1 or 2 lollipops.
- Any special medication the child may need. Proper first aid supplies are provided by the school; however, a few Band-Aids could be put into the kit.
- A family photograph and any other significant people.
- 1 small personal toy/special item such as a car or doll.
- A short letter of comfort and reassurance from you to your child. Include such things as it's okay to be scared; to wait patiently as you will be there as quickly as possible; to listen carefully to their teacher and other adults who are helping.
- A small bottle of water.
- Optional: space blanket, glow sticks/small flashlight, small package of Kleenex or baby wipes.

We look forward to seeing you! Best Wishes,

Maria, Atoussa, and Feifei

University Hill Preschool



CHILD'S STARTING DATE:

____ / ____ / ____
YY MM DD

SEX:

M ____ F ____

DATE OF BIRTH:

____ / ____ / ____
YY MM DD

NAME OF CHILD:

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, list an English speaking contact:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES NO Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

Immunization Information for Child Care

Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

To be completed by Parent/Guardian of:

Child's Name

Date of Birth

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

If available, please attach a photocopy of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record either in English or any language. Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

**THIS IS AN IMPORTANT NOTICE.
PLEASE HAVE SOMEONE TRANSLATE IT.**

**IMMUNIZATION INFORMATION
FOR CHILD CARE PG.2**

AMHARIC (Ethiopia)	ይህ ጠቃሚ ግንባታውን ነው። እባክዎን ሌላ ሰው ያስተርጓሙልዎት።
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုတာဝန်ပြန်ဆိုင်းပါ။
CHINESE	這是一份重要通告，請找人為您翻譯。
CROATIAN	OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
FRENCH	CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
HINDI	यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
ITALIAN	QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
KHMER (Cambodia)	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្គុកបកប្រែជូនអ្នក ។
KOREAN	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
PERSIAN (Iran)	این یک اطلاعیه مهم است. لطفا از کسی بخواهید آن را برای شما ترجمه کند.
POLISH	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
PUNJABI	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੱਥਾ ਕਰਵਾ ਲਵੋ।
SERBIAN	OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
SOMALI	KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.
SPANISH	ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
TAGALOG (Philippines)	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
VIETNAMESE	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỜ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the *Freedom of Information and Protection of Privacy Act*. Statistical information may be provided to the Ministry of Health for healthcare planning, program evaluation and quality improvement purposes. We may contact you in the future to ask whether you would like to participate in the evaluation of the school immunization program. VCH may need to email or text you information relating to your child’s immunizations. Please be aware that your personal information may be stored outside of Canada by your email/messaging service provider and will be subject to the laws of that jurisdiction. If you have any questions about privacy, please contact VCH’s Information Privacy Office at 604.875.5568 or privacy@vch.ca.

If you have any questions about immunizations or the collection and use of this information, or you would like to withdraw your consent to receive emails or texts, contact your local public health nurse at the community health centre near you – see list below.

For vaccination schedules and more information go to www.vch.ca or www.immunizebc.ca

Community Health Centres in Vancouver Coastal Health

Vancouver					
Evergreen 3425 Crowley Dr 604.872.2511	Raven Song 2450 Ontario St 604.709.6400	Robert and Lily Lee Family 1669 East Broadway 604.675.3980	Pacific Spirit 2110 West 43rd Ave 604.261.6366	South 6405 Knight St 604.321.6151	Three Bridges 1290 Hornby St 604.736.9844
Richmond 8100 Granville Ave 604.233.3150	North and West Vancouver 604.983.6700	Squamish 1140 Hunter Place 604.892.2293 or 1.877.892.2231	Whistler 202 - 4380 Lorimer Rd 604.932.3202	Pemberton 1403 Portage Road 604.894.6939	
Coastal					
Gibsons 494 South Fletcher Rd 604.886.5600	Sechelt 5571 Inlet Ave 604.885.5164	Pender Harbour 5066 Francis Peninsula Rd 604.883.2764	Powell River 3rd Floor, 5000 Joyce Ave 604.485.3310		
Central Coast					
Bella Bella 250.957.2308 ext 229	Bella Coola 250.799.5722				



**EARTHQUAKE/DISASTER
CONTACT INFORMATION**

Child's Name: _____		Date Of Birth: _____				
SURNAME		GIVEN NAMES		YY	MM	DD
ADDRESS _____			CITY _____	PROVINCE _____	POSTAL _____	
DOCTOR _____		PHONE _____	PERSONAL HEALTH NUMBER _____			
PARENT/GUARDIAN NAME _____			PARENT/GUARDIAN NAME _____			
CELL PHONE _____			CELL PHONE _____			
HOME PHONE _____			HOME PHONE _____			
WORK PHONE _____			WORK PHONE _____			
EMERGENCY CONTACT OUT OF TOWN _____				PHONE _____		
RELATIONSHIP TO CHILD _____						



**FIELD TRIP CONSENT
AND ACKNOWLEDGE OF RISK
(LOCAL, LOW RISK TRIP)**

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

CONSENT AND ACKNOWLEDGEMENT OF RISKS

I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.

1. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal injury arising from his/her participation.
2. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the teachers over all phases of the activity.
3. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
4. I acknowledge that it is my responsibility to advise the school of any medical and /or health concerns of my child that may affect his/her participation in the stated program or activity.
5. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
6. Based on my understanding, acknowledgement, and consents as described herein,

_____, _____ has my
NAME OF STUDENT DATE OF BIRTH
permission to participate.

PARENT/GUARDIAN NAME (PLEASE PRINT)

DAYTIME PHONE

EVENING PHONE

SIGNATURE

DATE



**REFUND POLICY
FORM**

THIS IS AN IMPORTANT NOTICE.

We would be happy to try and help find someone to help translate it if needed.

This should be signed and handed in to the teachers with the student package.

Refund Policy

1. Once the application and cheques have been received by the registrar, both the registration fee and deposit become non-refundable.
2. The remaining tuition is refundable if a student leaves the program with one month's written notice. If your child is scheduled to begin in September, notice of withdrawal must be received by July 31st.
3. Please note: No tuition will be refunded for April, May, or June of the current school year unless written notice of withdrawal is given before the last day of February.
4. For extended absence, tuition payment for the days of absence is required to hold your child's spot in the program.

I hereby certify that I have read the above information and I agreed to the Refund Policy.

PARENT/GUARDIAN NAME (PLEASE PRINT)

DATE SIGNED

SIGNATURE



All About Me!

NAME _____

AGE _____

What Makes Me Happy! My Likes:

What I Like For A Reward:

- Choice Of Activities
- Prizes
- Certificates Or Rewards
- Stickers
- Extra Playground Time
- Others:

What Makes Me Upset. My Dislikes:

- Noise
- Being Told "No"
- Loosing A Game
- When Others Laugh Or Make Fun Of Me
- Being Left Out
- When Plans Change
- People In My Personal Space
- Others:

What To Do When I Am Upset

- Leave Me Alone
- Talk To Me
- Give Me A Break
- Show Me Affection
- (What Kind _____)
- Others:

Allergies, Medications, or Health Concerns:

Safety Concerns:

- Runs Away Or Wanders
- Leaves Or Escapes
- Aggression Toward Others
- Other Behavioural Concerns:

Self Care Skills:

- Change Clothes Independently
- Feed Myself
- Use Washroom On My Own
- Tie My Shoes
- Others:



All About Me!

NAME _____

AGE _____

How Well Do I:	Not so well	Very well
Do in the morning?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Do in the afternoon?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Do in the evening ?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Sleep?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Nap?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Eat lunch?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Eat dinner?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play with adults?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play by myself?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play with another child?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play in a small group?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play in a large group?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play inside?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play outside?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play with younger children?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Play with older children	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Do when children sit near me?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
Do when children sit further away?	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____

How Do I Let People Know:
I am angry or upset (example: crying, screaming, etc.)?
I am happy (example: laughing, hopping, etc.)?
I want something (example: reaching, talking, etc.)?
I don't want something (example: push away, say NO, etc.)?
I like something (example: smiling, talking, laughing, etc.)?
I don't like something (example: crying, throwing, talking, etc.)?
What helps me when I am: sad? angry? scared?
What makes me angry/upset?
What makes me happy/excited?

Life Threatening Allergy Emergency Action Plan

Child's Name: _____

Child's Full Name: _____	
Date of Birth: _____	
Parent/Guardian: _____	
Phone (home): _____	Phone (work): _____
Emergency Contact: _____	
Phone (home): _____	Phone (work): _____
Primary Care Provider: _____	Office Phone: _____

Picture ID

CHILD'S ANAPHYLAXIS TRIGGERS ARE:

Food (list): _____

Insect stings (list): _____

Other: _____

ANYONE HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SYMPTOMS "F.A.S.T.":

Face: Hives, itchy eyes, itchy nose, flushed/red face, swelling of face, lips or tongue

Airway: Difficulty breathing, swallowing or speaking, coughing or choking, change of voice, sneezing, nasal congestion

Stomach: Stomach pain, vomiting, diarrhea

Total Body: Hives, itching, swelling, weakness, dizziness, lightheadedness, loss of consciousness, anxiety, feeling of doom

CHILD'S EMERGENCY TREATMENT:

Medication is stored where? _____

Epinephrine auto-injector – expiry date: _____

Field Trip Plans: _____

DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN

- **GIVE EPINEPHRINE**
- **CALL 911**

- Specify "allergic reaction" & that epinephrine has been given by auto-injector
- Provide location & telephone number
- Centre name: _____
- Centre address: _____
- Centre phone #: _____

- **Keep child lying down with feet elevated; if unconscious or vomiting, put in side-lying position.**
- **CALL PARENTS**
- **Always send child to hospital after receiving epinephrine**

Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life threatening allergic reaction.

Antihistamines (e.g. Benadryl) and asthma medications should **not** be used instead of epinephrine for treating anaphylaxis.

It is the parent's responsibility to notify the facility of any change in the child's condition.

Sign below if you agree with above information & plan:

Parent/Guardian _____ Date _____

Child Care Staff _____ Date _____