

Notre Dame Preschool/Pre-Kindergarten

Registration Form 2026/27

Family Contact Information	<p>Child's Name: _____ DOB ____/____/____ <div style="text-align: center; margin-left: 150px;"> day mo year </div></p> <p>Gender: M F</p> <p><input type="checkbox"/> Pre-School/Pre-K (30mths – 4yr.old) Important: Must be 3 years old by December 31, 2026</p> <p>Home Address: _____</p> <p>Mother's Name: _____ _____</p> <p>Place of work: _____</p> <p>Phone Home: _____ Cell: _____ Work: _____</p> <p>Email Address: _____</p> <p>Father's Name: _____</p> <p>Place of work: _____</p> <p>Phone Home: _____ Cell: _____ Work: _____</p> <p>Email Address: _____</p> <p>Religion: <input type="checkbox"/> Catholic or <input type="checkbox"/> Non-Catholic</p>
Preferences	<p>If you are going to attend the Notre Dame Preschool/Pre-Kindergarten program would you prefer: I prefer: <input type="checkbox"/> morning <input type="checkbox"/> afternoon</p> <p>I prefer: <input type="checkbox"/> Monday & Tuesday <input type="checkbox"/> Wednesday & Thursday <input type="checkbox"/> Friday (morning classes only)</p> <p>Morning classes 8:30am-11:30 Afternoon classes 12:30 -3:30</p>
Custody Restrictions	<p>Is there a court order? Yes No</p> <p>(If yes please provide a copy of the court order with the registration package)</p> <p>Names of people not authorized to have access to your child: _____</p>
Emergency Contacts	<p>Name: _____</p> <p>Phone Home: _____ Cell: _____ Work: _____</p> <p>Name: _____</p> <p>Phone Home: _____ Cell: _____ Work: _____</p>

Persons Authorized to Pick Up Child	<p>In addition to the people listed above the following people are permitted to pick up my child:</p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p> <p>Name: _____ Phone: _____</p>						
Previous Preschool	<p>Did you child go to a previous Preschool? Yes No</p> <p>If so, what is the name of the preschool? _____</p> <p>Has your child received Special Education Programming? Yes No</p> <p>Disabilities/Diverse Abilities Category (if applicable): _____</p> <p>Date of Diagnosis: _____</p>						
Health	<p>Family Doctor _____ Phone _____</p> <p>Health Card Number _____</p> <p>Are your child's immunizations up-to-date? Yes No</p> <p>A copy of my child's immunization record is included: Yes No</p> <p>A copy of your child's immunization record must be submitted. These can be attained from the Health Unit.</p> <p>Does your child have any medical history or condition that staff need to be aware of Yes No</p> <p>Details: _____</p> <p>Does your child have any allergies that staff need to be aware of Yes No</p> <p>Allergies: _____</p> <p>Reaction: _____</p> <p>Has your child ever had a life threatening allergic reaction or carry an epi-pen? Yes No</p>						
Fees	<p style="text-align: center;">Monthly Preschool/Pre-K Fees for the 2026/2027 School Year</p> <p>Tuition Fees can either be made by ten monthly payments using our credit/debit machine, post-dated cheques, pre-authorized bank payments or a single annual payment. Payments can be made on either the 15th or 30th day of each month (September to June).</p> <p>TUITION RATES ARE SUBJECT TO CHANGE (The rates indicated below are for 2025-2026 school year)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>3 spots per week</td><td>\$285/month</td></tr> <tr> <td>2 spots per week</td><td>\$190/month</td></tr> <tr> <td>1 spot per week</td><td>\$95/month</td></tr> </table> <p style="text-align: right;">page 2 of 7/JAN 2026</p>	3 spots per week	\$285/month	2 spots per week	\$190/month	1 spot per week	\$95/month
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Policies & Procedures	<p>Please refer to the FAMILY HANDBOOK and familiarize yourself with Notre Dame Preschool/PreK Policies and Procedures.</p> <p>I have read and accept the policies and procedures outlined in the Family Handbook.</p> <p>Signature: _____</p> <p>Date: _____</p>
Other Permissions	<ul style="list-style-type: none"> • I hereby give permission for program staff to apply and/or re-apply Sunscreen brand 30 SFP sunscreen when required Yes No • I understand that in case of accident or illness, if a parent or guardian cannot be reached, Notre Dame Preschool will phone an ambulance and a staff member will accompany your child to the hospital. I give my authorization for emergency health services. Yes No • I accept all responsibility for payment of all accounts rendered to my family. Yes No <p>Signature _____ Date _____</p>

This registration form will be considered by the admission committee.

For Notre Dame Use Only:

Date of Enrollment: _____

Date the child stops attending: _____

Document Checklist:

- ☐ **Copy of immunization records**
- ☐ **Copy of birth certificate**
- ☐ **Copy of health care card**
- ☐ **Copy of fee option form**
- ☐ **Volunteer application form**
- ☐ **Permission to administer medication (if applicable)**
- ☐ **Legal Documents (i.e. court documents)**
- ☐ **Signed PIPA form**
- ☐ **Copy of Parent's ID**
- ☐ **Copy of Proof of Billing Address**

Consent Form for the Personal Information Protection Act
as per the Personal Information Privacy Policy for Parents and Students of Notre Dame School

What is Student Personal Information?

A student's personal information includes: their name, birthdate, address, telephone number, email address, personal education number, educational information, art work, and anything that identifies the individual, including photographs or video footage. Student photos may be collected and used without consent for purposes necessary to school operations (e.g., for student identification purposes).

The **Personal Information Protection Act** (British Columbia) is in effect for all independent schools. To ensure that we comply with the legislation, and your wishes as parents/guardians, we ask that you read the following information carefully.

The legislation states that all photographs, names, or anything else that identifies an individual or an individual's personal information, is protected.

From time to time your child's name and/or photograph may be used in a school newsletter, yearbook or other school publication, or media coverage concerning school events.

Registration Information:

Information provided at the time your child was registered at school was collected under the authority of the Independent School Act. This data is used for educational program purposes and, when required, may be provided to health services, social services and other support services. If a student moves to another school, student records are requested by that school. It shall be the understanding that our school administration has permission to pass on this information to the student's new school.

Media Coverage:

It is possible that there will be media coverage of a school event. This coverage could include your child's photo (or video), name and comments being part of a broadcast, publication or newsletter.

Parent Support Group:

From time to time, the Parent Support Group may wish to contact parents. To assist, the school will provide the PSG with a list of parents/guardians, email addresses, along with the names and grade levels of students.

P.I.P.A – Personal Information Privacy Act Permission Form – Notre Dame School

1. I consent to having Notre Dame School collect personal information that may include student information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, report cards, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Notre Dame School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Notre Dame School, (2) for Additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Notre Dame School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Notre Dame School.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency.

For more information, the Privacy Officer for Notre Dame School is Colleen Richard (250-782-4923)

Student Name: _____ Parent Signature: _____ Date: _____
(Student Name – Please PRINT)

2. I consent to having my child's name and/or photo to be used in any school publications including the yearbook, newsletters, website and school facebook.

Student Name: _____ Parent Signature: _____ Date: _____
(Student Name – Please PRINT)

3. I acknowledge my child to be include in any media coverage of a school event, including radio, television, newspaper and advertising.

Student Name: _____ Parent Signature: _____ Date: _____
(Student Name – Please PRINT)

At Note Dame School, student PIPA (Personal Information Consent Form) must be obtained every school year and is valid until September 30 of the next school year.

Notre Dame School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision, and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school.
The school will securely store all digital and hard copy parent and student personal information.

Signed Colleen Richard

Title: Mrs. Colleen Richard, Privacy Officer, Principal

NOTRE DAME PRE-SCHOOL/PRE-KINDERGARTEN PROGRAM

925-104th Ave. Dawson Creek, BC, V1G 2H8

Phone: 250-782-4923 Fax: 250-782-4388

www.notredameschool.ca

notredame@cispg.ca

Notre Dame Pre-school/Pre-Kindergarten Policy for Administration of Medication

Description: Notre Dame Pre-school/Pre-Kindergarten program realizes that it may be necessary, on occasion, to administer medication to students within the school environment/day.

ADMINISTRATION OF MEDICATION

Description:

The Principal will designate a person or persons who shall administer [or supervise the self-administration of medications] to students, if the following conditions occur:

1. The initiation for the administration of medication in the schools will continue to remain the responsibility of the parent/guardian. Each school principal, in conjunction with the student, parent, family physician and the Public Health nurse shall develop individual plans for the administration of medication to the student if:
 - i) The parent of a student wishing to request the administration of medication in the school makes a written request to the school principal.
 - ii) A student requiring medication can be reasonably assisted or supervised by a designated staff person.
 - iii) The medication is required while the child is attending school, and medication support is the only recommended option.
2. The parent has signed a release requesting the administration by a designated person. [Use the Form attached]. This form must be updated each September.
3. The Public Health Nurse has been informed so that she may complete a Medic Alert Card, including possible side effects and necessary actions if needed.
4. The designated person is named and where applicable and necessary has been trained with adequate instructions from the Public Health Nurse concerning the administration of the medication including side effects and medication storage.
5. A record of medication administration shall be maintained.
6. Medication shall be stored in a safe and secured location.
7. When a student requiring medication is involved in a Field Trip, there shall be a trained designated person on the trip.

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REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name: _____

Medication: _____

Frequency, time, and manner in which medication is to be administered:

Name of family physician _____

I, _____, am the legal guardian of _____,
confirm that my request for administration of medication at school for my child is necessary, in that
the medication must be given during school hours. I HEREBY RELEASE Notre Dame School [CISPG],
its officers, directors, administrators and employees, of any liability for any and all claims
whatsoever that I might have or that I might bring on behalf of my child, in connection with my
current "Request For Administration of Medication At School." I also hereby give permission for this
information to be used by the School Based Team [principal, classroom teacher, learning assistant
teacher, and appropriate student support personnel].

_____ Signature: PARENT/LEGAL GUARDIAN

_____ Date Medication is Authorized to Administer

If additional information is required the school may contact the family physician after consulting
with the parent/guardian.