Notre Dame Preschool/Pre-Kindergarten

Registration Form 2026-27

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

Persons Authorized to Pick Up Child	In addition to the people listed above, the following people are permitted to pick up my child: Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____
Previous Preschool	Did your child go to a previous Preschool? Yes No If so, what is the name of the preschool? _____ Has your child received Special Education Programming? Yes No Special Needs Designation (if applicable): _____ Date of Diagnosis: _____
Health	Family Doctor _____ Phone _____ **(If you do not have a family doctor, please write No family doctor)** Health Card Number _____ Are your child's immunizations up-to-date? Yes No A copy of my child's immunization record is included: Yes No **A copy of your child's immunization record must be submitted. These can be attained from the Health Unit**. Does your child have any medical history or condition that staff need to be aware of? Yes No Details: _____ Does your child have any allergies that staff need to be aware of Yes No Allergies:_____ Reaction:_____ Has your child ever had a life-threatening allergic reaction or carried an EPI-PEN? Yes No
Fees	**Monthly Preschool/Pre-K Fees for the 2026/2027 School Year** **3 spots per week** — **$292.50/month** **2 spots per week** — **$195/month** **1 spot per week** — **$97.50/month**

Policies & Procedures	Please refer to the FAMILY HANDBOOK and familiarize yourself with Notre Dame Preschool/PreK Policies and Procedures. I have read and accept the policies and procedures outlined in the Family Handbook. Signature: _____ Date: _____
Other Permissions	• I hereby give permission for program staff to apply and/or reapply 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 Signature _____ Date _____

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, artwork, 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, the student's 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, and 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 included in any media coverage of a school event, including radio, television, newspaper and advertising.

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