



LIL' SAINTS EARLY LEARNING CENTRE

Box 10, 3900 Arthur Drive, Delta B.C. V4K 3N5

Phone: (604) 946-4525

Email: lil'saintspreschool@shsdelta.org

Website: <https://sacredheartparish.ca/schools/>

ENROLLMENT PACKAGE CHECKLIST 2024/2025

Child's Surname _____ First Name: _____

☐ Application Form (available upon request - contact Mylene Lock @ 604-551-0827)

☐ Registration Form

☐ Application fee \$85 + one month's deposit sent via e transfer to:

sacredheartparish@shsdelta.org *(upon completion of Application form & PAD form)

☐ Pre-Authorized Debit Form for Parent fees (September to May) (upon completion of Application form)

☐ Parent / Child Privacy Form

☐ Copy of Care Card

☐ Copy of Immunization Records

☐ Emergency Consent Form

☐ Nature Walk Consent Form

***Please ensure that all checklist items are complete prior to submission.**

Lil' Saints Early Learning Centre Registration Form



Start Date: _____ Days Attending: _____

For returning families only: At the start of a new school year, please update this form by checking that names, phone numbers, etc. are correct then initial and date below.

Initials

Date

Section 1: Student and Family Information

Child's Last Name: _____ Child's First Name: _____

Name child is known by (if different): _____ Gender: _____

Date of Birth (day/month/year): _____

Address: _____ Postal Code: _____

Mother's Last Name: _____ Mother's First Name: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Father's Last Name: _____ Father's First Name: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Are the parents the Legal Guardians of the child? _____

If there is a non-parent legal guardian, please complete below:

Last name of Legal Guardian : _____ First Name: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Section 2: Emergency Contacts and Pick up Authorization

Child is permitted to leave with the following people:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

List any persons not authorized to pick up your child:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Health Information

Care Card Number: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Allergies: _____

Symptoms of allergic exposure:

Allergy Medications: _____

Special instructions in the event of an allergic reaction: _____

Please describe any concerns you have about your child in the following areas:

Speech and language development: _____

Physical development: _____

Hearing: _____

Vision: _____

Behaviour: _____

Immunization Status

Are your child's immunizations up-to-date? yes no not immunized

Record date below or attach copy of immunization record.

Diphtheria and Tetanus _____ Hib Meningitis _____

Pertussis (Whooping Cough) _____ Polio: _____

Rubella (German Measles) _____

Rubeola (Red Measles) _____

Other Immunizations _____

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Child's Social Information

Are there any other children in the household? _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Has the child had previous experience away from parents (preschool, daycare, etc.)? _____

Is there any separation concern? _____

Does your child have any specific fears? _____

What languages are spoken in the home? _____

Does your child have any special interests? _____

Does your child have any pets? _____

What do you hope your child will gain from their experience at Lil' Saints? _____

Religious Information

Religious Affiliation: _____

If Catholic, at which Parish are you registered? _____

Parent/Guardian Agreement

I agree to and understand the following:

I will complete a PAD form for my parent fees to be withdrawn on the 2nd of every month. We are unable to refund any portion of your monthly fees in the event of sickness, school holidays or family vacations.

I will give one month's written notice if I need to withdraw my child.

I authorize the staff at Lil' Saints to call an ambulance and take my child /children to the nearest hospital in the event of an accident or illness.

Signature of Parent/Guardian

Date

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PARENT AND CHILD PRIVACY INFORMATION FORM

Family Name(s): _____ (PLEASE PRINT IN BLOCK LETTERS)

Children's Names/Programs: _____

Welcome to Lil' Saints Early Learning Centre. We are committed to safeguarding the privacy and security of the personal information that you have entrusted to us. This Privacy Agreement outlines how we collect, use, and protect the information of children and their families.

Information We Collect:

We collect the following types of personal information for the purpose of providing childcare services:

- *Child's name, date of birth, and health information(immunization records, allergies,etc)
- *Parent/guardian contact information.
- *Emergency contact details.
- *Authorized individuals for pick-up.

Use of Information:

Personal information is used solely for the purpose for which it was collected. We do not disclose or share this information **without parental/guardian consent**, except as required by law or in emergency situations.

* Lil' Saints may prepare a family phone list (class lists, etc.) mainly for the teachers and internal use. The class/phone list may also be shared to some parents requesting to contact other families in the program to arrange for a play date and birthday party invitations for their child. As mentioned above, we will not share your contact information with other families without your consent.

Do you approve to have the following included:

Signature: _____

Email: Yes No

Print Name: _____

Phone Number: Yes No

Lil Saints and/or Sacred Heart Parish may wish to use or submit your child(ren)'s photograph(s) and/or video image(s), with or without names on Facebook, media channels such as newspapers (including the BC Catholic newspaper), Parish event advertisements and Parish website, for the purpose of publishing stories about events and activities that took place while attending our program. We require your written consent to Lil' Saints disclosure of any photograph(s) and/or video image(s) of your child(ren) which may be taken in connection with your child(ren)'s participation in Lil' Saints programs as well as the right to disclose the identity* of your child(ren).

I consent to Lil' Saints submitting my child(ren)'s photograph(s) and/or video image(s), with or without name(s), to media channels for the purposes mentioned above.*

Yes No

Signature: _____

Print Name: _____

Names/identity referred to in the above will be restricted to your child's first name and first initial of your child's last name only.

*Lil' Saints may wish to use or publish photograph(s) and/or video image(s) of your child(ren) for class projects, memorabilia (including yearbooks), presentations and other forms of internal communication. In this regard, we require your written consent to Lil' Saints use of any photograph(s) and/or video images of your child(ren) which may be taken in connection with your child(ren)'s participation as well as the ability to identify your child(ren) in such material.

I consent to Lil' Saints publishing or using my child(ren)'s photograph(s) and/or video image(s), with or without name(s), for newsletters, class projects, memorabilia (including yearbooks), year end slideshow presentations and in any future materials.

Yes No

Signature: _____

Print Name: _____

* Lil' Saints operates a Website for the purpose of informing parents and the public about the program and its events. We may wish to publish photograph(s) of your child(ren) on our Web pages. We may also wish to publish the photograph(s) in any future publicity material that we produce. In this regard, we require your written consent to the use of any photograph(s) of your child(ren) which may be taken in connection with your child(ren)'s participation in Lil' Saints. If, at any time, you decide that you no longer wish for us to display your child(ren)'s photograph(s) on our Web pages or in any of our publicity material, please advise us immediately in writing and we will arrange to remove the photograph(s) from the Web pages or, with respect to publicity material, we will take steps to ensure that the photograph(s) are not used in future material.

I give my consent to Lil' Saints Early Learning Centre to publish my child(ren)'s photograph(s) without name(s), on the school's Web pages and in any future publications.

Yes No

Signature: _____

Print Name: _____

Contact Information: For privacy-related concerns or questions, please contact Mylene Lock at Lil' saintspreschool@shsdelta.org or call 604-551-0827

By enrolling your child at Lil' Saints Early Learning Centre, you acknowledge and agree to the terms outlined in this Privacy Agreement.

Printed Name: _____ Signature: _____

Thank you for your trust in Lil' Saints Early Learning Centre.

EMERGENCY CONSENT FORM

Lil' Saints Early Learning Centre

Child Photo Here

Child's Name _____
First Last

Address _____

Care Card Number _____ Child lives with _____

Mother's Name _____ Mother's Work Phone _____
First Last

Mother's Cell Phone _____ Father's Name _____
First Last

Father's Work Phone _____ Father's Cell Phone _____

Emergency Contact _____ Phone _____

Child's Doctor _____ Phone _____

Allergies _____ Medications _____

CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment

Parent signature

Date

Returning families update and sign here
at the start of a new school year:

Parent signature

Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act
and will be used only for the purpose indicated



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NEIGHBOURHOOD WALKING TRIP / ACTIVITY CONSENT FORM

2024/2025

Dear Lil' Saints Families,

During the school year, your child will be involved in a variety of neighborhood walking trips or activities in and around Sacred Heart Parish and School properties. These can include walks to the Augustine House and Kirkland House.

Lil' Saints requires permission for your child to participate in these walks or activities. Rather than sending home a permission form for each day, we are asking that you sign below to cover all nature walking field trips or activities for this school year.

While the Parish and Lil' Saints staff takes every reasonable step to prevent injuries, some degree of risk is inherent in the nature of activities and may occur without fault on the part of the Parish and/or Lil' Saints Early Learning Centre, and the place/ facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that it is suitable for your child, and that you understand that there is a risk of injury associated with the activity.

Please note: You will still receive a separate field trip permission form for field trips that require vehicle transportation or are longer in duration.

I _____ give permission to my child _____, to participate in the neighborhood walking trip/activity mentioned above.

Parent's Signature

Date (MM/DD/YYYY)

