



## Student Enrollment Package

2024/2025 School Year

version 1.14

# First Day Checklist



We're excited for your little monster to start their early childhood education journey with us. Here is a checklist to help you remain organized on the first day of school.

## Required Documents (completed)

- Student Enrollment Package (this document)
- Immunization records
- Pre-Authorized Debit form



All documents and forms can be downloaded at:

[littlemonsters.ca/forms](http://littlemonsters.ca/forms)

Including our Parent's Handbook, and action plan forms for allergies, seizures, and authorization forms for the administration of medication to children.



## Items that will stay at school

- Inside shoes

## Items be kept in child's backpack each day

- Spare pants
- Spare shirt
- Spare socks
- Spare underwear
- Water bottle
- Diapers & wipes (if necessary)

## If your child has severe allergies

- Epinephrine (if necessary)
- Allergy Emergency Action Plan form

## If your child requires daily medication

- Medication (if necessary)
- Permission to Administer Medication form

## Optional

- WhatsApp Photo Group Permission form (attached)

 **Your Child's Information**

Date of Birth  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY/MM/DD

Gender  
M \_\_\_ F \_\_\_

Child's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and/or siblings):  
\_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Additional Info:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian 1** (Primary Contact)

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(If different from the address listed above)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(If different from the address listed above)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

 **Emergency Contacts / Pre-Authorized Pick-Up**

Please provide the name of **at least one person who is not a parent** to be contacted in the event of an emergency where neither parent can be reached. The person must be at least 18 years of age. A family member living outside your home, a family friend, landlord, boss, co-worker, social worker, or any other trusted adult of sound mind capable of adequately caring for your child on a temporary basis.

**Contact # 1** (at least one required / no parents)

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Check ALL that are relevant:                      • Emergency Contact                      • Authorized Pick Up

Comments: \_\_\_\_\_

**Contact # 2**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Check ALL that are relevant:                      • Emergency Contact                      • Authorized Pick Up

Comments: \_\_\_\_\_

**Contact # 3**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Check ALL that are relevant:                      • Emergency Contact                      • Authorized Pick Up

Comments: \_\_\_\_\_

**Contact # 4**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Check ALL that are relevant:                      • Emergency Contact                      • Authorized Pick Up

Comments: \_\_\_\_\_

 **Child Development Questionnaire**

The information you provide below will be used by our educators to accommodate your child to our classroom and help them create a supportive and welcoming learning environment.

1. Has your child attended Daycare/Preschool before?

- Yes
- No

2. Does your child have any developmental delays or disabilities that would require additional assistance in the classroom? If yes, please explain:

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4. Does your child experience concerning levels of separation anxiety when away from parents?

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5. Does your child have any particular food preferences you'd like to share with us?

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6. Does your child have any noticeable troubling habits or mannerisms such as thumb sucking, nail biting, biting, hitting, crying until vomiting, etc. If so, please explain:

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 **Health & Medical Information**

We will not contact your family’s medical practitioners without consulting with you beforehand, unless there is a serious medical emergency, and you cannot be reached.

Child’s Name: \_\_\_\_\_

Child’s Care Card No. \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does your child have any known allergies? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If yes, are any of these allergies life threatening? *(if applicable)*

- Yes
- No

3. What are the triggers and symptoms of your child’s allergies? *(if applicable)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child require an EpiPen? *(If yes, an EpiPen must always be kept in your child’s backpack.)*

- Yes
- No

In the event of a severe allergic reaction, the child’s primary parent will be notified immediately. Our staff may decide to call 911 depending on the severity of the reaction. We will also record the incident by completing and submitting an incident report to our licensing officer with Vancouver Coastal Health.

5. What medication or treatment is required in the event of an allergic reaction? *(if applicable)*

Name of Medication: \_\_\_\_\_

Dosage / Amount: \_\_\_\_\_

Time / Frequency: \_\_\_\_\_

Other treatments:

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4. Has this medication been prescribed or recommended by a doctor? *(if applicable)*

- Yes
- No

5. Does our staff have permission to administer the medication mentioned above to your child in the event of an allergic reaction? *(if applicable)*

- Yes
- No

6. Are there any follow up procedures our staff should take in the event of an allergic reaction, other than contacting you? *(if applicable)*

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7. Have you completed a **Life Threatening Allergy Emergency Action Plan** form to include with your Student Enrollment Package? *(if applicable)* (Mandatory for children with severe allergies.)

- Yes
- No

If no, please download an *Allergy Emergency Action Plan* form from our website, complete it, and include it with your Student Enrollment Package. *(if applicable)*

<https://littlemonsters.ca/forms>



## Immunization Records

Please ensure you provide a photocopy of your child’s immunization records along with this Student Enrollment Package before your child’s starting date.

1. Has your child received all age-appropriate vaccinations as recommended by *ImmunizeBC*?

- Yes
- No
- I’m Not Sure

2. Have you included a photocopy of your child’s immunization records to be submitted along with this Student Enrollment Package?

- Yes
- No

If no, please explain:

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Please circle all vaccines your child has received for which you can provide documentation:

- Chickenpox (varicella)
- Diphtheria
- *Haemophilus Influenzae* type b (Hib)
- Hepatitis B
- Influenza
- Measles
- Hepatitis A
- Meningococcal
- Mumps
- Polio
- Rotavirus
- Rubella
- Pneumococcal
- Tetanus
- Pertussis (whooping cough)
- Other (please describe) \_\_\_\_\_

*Please note: Some of the above vaccines are given in combination shots and others individually at various stages of development between 2 months and 6 years of age. For more information on when to vaccinate your child please visit: <https://immunizebc.ca/vaccine-schedules>*

Your child’s immunization records must be provided to our manager or director prior to your child starting classes. All medical records will be kept strictly confidential.





## Media Consent Form

Our staff will be regularly taking photos and videos of our daily activities as well as when we're on excursions beyond the facility. Some of these photos or videos may include your child.

We understand maintaining privacy in the information age can be challenging, and we respect every family's right to privacy. Photos and videos of your child will not be shared with anyone who is not directly employed with Little Monsters Academy without your written permission.



1. Do we have permission to use your child's photo, first name, and birthdate in our **monthly newsletter** with the understanding that it will be visible to anyone who enters our front lobby as well as all other families of children enrolled in our program?

- Yes
- No



2. Do we have permission to use your child's photo on our company **website** located at [littlemonsters.ca](http://littlemonsters.ca) with the understanding that it will be visible to all visitors?

- Yes
- No



3. Do we have permission to invite you to participate in and post your child's photos in our **WhatsApp Photo Group** with the understanding that it will be visible to parents of other currently enrolled children who are participating in the photo group?

- Yes
- No

To facilitate better communication and sharing of our classroom moments, we post daily photos of our activities in class-specific WhatsApp photo groups. These groups will allow parents and guardians to receive daily updates. The groups are read-only. Only group administrators are permitted to comment in the groups. However, we will post birthday invitations, and other special news at parent's request.

Participation is optional, and your child's photos will not be posted unless you've agreed to participate in the group. Should you choose to participate, your contact info including full name and phone number, as well as your child's name and photos, will be visible to all other parents/guardians in the group.

All content posted in our WhatsApp photo group is confidential, and not to be shared with anyone outside of the group.

Consent for any of the above can be revoked at any time by providing a written request via email to our director at [info@littlemonsters.ca](mailto:info@littlemonsters.ca)

 **Enrollment & Fees**

I, (Parent/Guardian) \_\_\_\_\_ agree to enroll  
\_\_\_\_\_ (name of child) into *Little Monsters Academy*.

**Schedule:**

Please select which class your child will be attending:

**Class:**    • AM / Morning (8:00 AM – 12:00 PM)                      • PM / Afternoon (12:30 PM – 4:30 PM)

**Days:**                      Mon                      Tue                      Wed                      Thu                      Fri

**Start Date:** \_\_\_\_\_

Would you like us to place your child on our waiting list for any days that may not be currently available?

- Yes                      • No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

We charge a one-time non-refundable \$100.00 CAD registration fee for all new enrollments.

**Notice of Departure**

When we enroll new students, we do so with the assumption they will be staying until they leave for kindergarten. Your child’s last day is automatically calculated to be the last day of August after they turn 5 years old. However, we know this is not always going to be the case. For families who will be leaving sooner, we ask that you provide at least 30 days written notice of departure (via email). This allows us enough time to cancel the pre-authorized payments and ensure a smooth transition.



## Acknowledgement of Policies & Procedures

Our policies and procedures can be found in our Parent's Handbook.

A copy of our Parent's Handbook can be downloaded at:

<https://littlemonsters.ca/forms>

1. Have you read our policies and procedures as outlined in our *Parent's Handbook*?

- Yes
- No

2. Do you agree to ensure all monthly tuition payments are made on (or before) the first day of each calendar month, and that any late payments may require additional **late tuition fees** to be paid in accordance with our *Late Tuition Fee Procedure*?

- Yes
- No

3. Do you agree to ensure your child is picked up on time, and that any late pick ups may require additional **late pick-up fees** to be paid at the discretion of our manager in accordance with the policies set forth in our *Parent's Handbook*?

- Yes
- No

4. Do you agree to provide all necessary clothing for your child in accordance with our *Inside Shoes & Outdoor Clothing Policy* as outlined in our *Parent's Handbook*?

- Yes
- No

5. Do you agree to provide at least 30 days written notice (via email) of any planned departures from our facility in accordance with our *Termination of Enrollment Agreement*?

- Yes
- No

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Manager or Director

\_\_\_\_\_  
Date

# Pre-Authorized Debit Agreement




## Authorization

I, \_\_\_\_\_ (please print), authorize Little Monsters Academy to debit my bank account as outlined in the payment terms of this agreement. *Our pre-authorized debits are processed by a registered third-party processor, Rotessa Payments.*

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

 Important: Please ensure the details below are written clearly. A void cheque will not suffice.

Amount: \_\_\_\_\_ Frequency: Monthly Start Date: \_\_\_\_\_

Installments: \_\_\_\_\_ Final Date: \_\_\_\_\_ Authorization Type:  
Personal

Branch/Transit #: \_\_\_\_\_ Institution #: \_\_\_\_\_

Account #: \_\_\_\_\_

## Notification

I agree to waive any legislative or regulatory requirement for pre-notification.


## Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any pre-authorized debit that is not authorized or is not consistent with this agreement. To obtain more information about your recourse rights, you can visit [www.payments.ca](http://www.payments.ca).

## Cancellation

This pre-authorized debit agreement is to remain in effect until Little Monsters Academy has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain more information on my/our right to cancel this agreement at [www.payments.ca](http://www.payments.ca).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 Please sign with ink and return this form to us. Electronic signatures will be rejected.

**Please complete and sign the emergency consent form below.**

It will be carried by our staff while outdoors with children and may be used in the event of an emergency. It provides your consent for us to contact emergency services for your child if necessary.

**CHILD CARE**  
**EMERGENCY CONSENT FORM**

Please attach child's photo to this form.

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CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

OUT OF TOWN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ALLERGIES / MEDICATIONS: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER \_\_\_\_\_

**CONSENT**

1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.

2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.

3) I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.

4) I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_ WITNESS

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**Provided by VCH – Community Care Facilities Licensing**