



Student Enrollment Package

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 (before entering the classroom)

- Student Enrollment Package (this document)
- Immunization records

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



All documents and forms can be downloaded at:

littlemonsters.ca/forms

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



Our facility is nut free. This includes peanuts, tree nuts (such as walnuts, cashews, pecans, almonds, etc.), spreads such as Nutella, or any foods containing these items.



Your Child's Information

Child's Name: _____

Child's Date of Birth: _____ Male _____ Female

Home address: _____

City: _____ Province: _____ Postal Code: _____

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

Child's first language: _____ Other languages: _____

Additional Info:

Parent/Guardian 1

Name: _____

Relationship to child: _____

Home address: _____

(If different from the address listed above)

Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian 2

Name: _____

Relationship to child: _____

Home address: _____

(If different from the address listed above)

Phone: _____ Work 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: _____ Phone: _____

Relationship to child: _____

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

Comments: _____

Contact # 2

Name: _____ Phone: _____

Relationship to child: _____

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

Comments: _____

Contact # 3

Name: _____ Phone: _____

Relationship to child: _____

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

Comments: _____

Contact # 4

Name: _____ Phone: _____

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 more supportive and welcoming learning environment.

Please skip questions 2 to 6 if they are not applicable to your child.

1. Has your child attended Daycare/Preschool before?

- Yes
- No

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

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

5. Does your child have any particular **food preferences** you'd like our teachers to be aware of?

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



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 yes, please explain:

- Yes • No

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 epinephrine? *(if applicable)*

- Yes • No

If yes, an EpiPen must always be kept in your child’s backpack.

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 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:

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)*

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:

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) _____

Date of most recent Tetanus Shot: _____

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 facility manager or director prior to your child starting classes. All medical records will be kept strictly confidential.



Info & 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. If **parents/guardians** of a classmate request your contact information, do we have permission to share your email address and phone number with them?

- Yes
- No
- Email Only
- Phone Only



2. 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



3. Do we have permission to use your child's photo on our company **website** located at littlemonsters.ca with the understanding that it will be visible to all visitors?

- Yes
- No



4. 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 families of classmates who are also participating in the photo group?

- Yes
- No

Our WhatsApp photo groups allow parents and guardians to receive daily visual updates. The groups are read-only, and 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. 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



Enrollment & Fees

Please select which class your child will be attending:

Facility: • Fraser Sunset (5888 Fraser St) • Mountain View (4866 Fraser Street)

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, \$85.00 CAD deposit for all new enrollments. The deposit is used to show commitment and hold your child’s spot until their starting date. The \$85.00 deposit will be applied to your child’s first tuition payment.



Notice of Departure / Termination of Enrollment

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 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: _____

Office Use Only

Amount: _____ Frequency: Monthly Start Date: _____

Installments: _____ Final Date: _____ Authorization Type: Personal

 Important: Please ensure the details below are written clearly – or attach a void cheque.

Your banking details

Branch/Transit #: _____ (5 digits) Institution #: _____ (3 digits)

Account #: _____

Notification

I agree to waive any legislative or regulatory requirement for pre-notification of scheduled withdrawals in accordance with this agreement.

Recourse

I/we have certain recourse rights if any debit does not comply with this agreement, including the right to receive timely reimbursement for any pre-authorized debit that is not authorized or is not consistent with this agreement.

Cancellation


This pre-authorized debit agreement is to remain in effect until Little Monsters Academy has received written notification via email to academonsters@gmail.com or info@littlemonsters.ca from me (the payee) of its change or termination. This written notification must be received at least 30 days prior to departure, in accordance with the Termination of Enrollment policies as outlined in our Parent's Handbook. I/We may obtain more information on my/our right to cancel this agreement at www.payments.ca.

Signature of Payee: _____ Date: _____

Please complete and sign the emergency consent form below.

This card will be carried by our staff while outdoors and may be used in the event of an emergency. It provides your consent for us to contact emergency services for your child if you cannot be reached.

Child Care Emergency Consent Form



CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES: _____

MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

Child Care Emergency Consent Form

It is our policy 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.

This card will be carried by our staff while outdoors and will be used to provide information about your child in the event of an emergency

I hereby give consent for my child _____ to be taken to the nearest emergency medical centre for treatment if I cannot be contacted.

Signature of Parent/Guardian _____

Witness _____

Date _____