



HOBBY HILL PRESCHOOL PARENT ENROLLMENT PACKAGE 2024-2025 SCHOOL YEAR

CHILD'S NAME: _____

CONTACT PARENT/GUARDIAN: _____

3'S CLASS: TUES & THURS
9:00AM-11:00AM
START DATE: SEPT 10TH 2024

FEES: \$170 PER MONTH

4'S CLASS: MON, WED, & FRI
9:00AM-11:30AM
START DATE: SEPT 9TH 2024

FEES: \$215 PER MONTH

PARENT CHECKLIST

- ENROLLMENT FORMS
- CONSENT FORM
- PARENT'S AGREEMENT FORM
- 2 CHARACTER REFERENCES
- MONTHLY CHEQUES
- CRIMINAL RECORD CHECK SUBMITTED
- COPIES OF RELEVANT TRAINING (IF APPLICABLE)
- NON-REFUNDABLE REGISTRATION FEE OF \$75.00

PLEASE EMAIL YOUR COMPLETED APPLICATION TO REGISTRATION@HOBBYHILL.CA

THE ENROLLMENT PARENT WILL CONTACT YOU ONCE THEY HAVE RECEIVED YOUR APPLICATION.

INTERNAL USE ONLY	
ENROLLMENT PACKAGE RECEIVED	CRIMINAL RECORD CHECK COMPLETED
2 REFERENCES PER PARENT/GUARDIAN	10 HOURS OF TRAINING
MONTHLY CHEQUES	REGISTRATION FEE

HOBBY HILL PRESCHOOL ENROLLMENT FORM

PLEASE CHECK WHICH CLASS YOU
ARE REGISTERING YOUR CHILD IN:

3'S CLASS (TUES & THURS)
4'S CLASS (MON, WED, & FRI)

9:00AM-11:00AM
9:00AM-11:30AM

CHILD'S NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____
DAY/MONTH/YEAR

PRIMARY PARENT/GUARDIAN NAME: _____

RELATION: _____ BEST PHONE: _____

EMAIL: _____

WILL THIS PARENT BE ON DUTY AT THE PRESCHOOL? YES NO

SECONDARY PARENT/GUARDIAN NAME: _____

RELATION: _____ BEST PHONE: _____

EMAIL: _____

WILL THIS PARENT BE ON DUTY AT THE PRESCHOOL? YES NO

DO THE PARENTS/GUARDIANS LIVE TOGETHER? YES NO

IF **NO**, WHO DOES THE CHILD LIVE WITH? _____

CHILD'S HOME ADDRESS: _____

HOME PHONE: _____ BEST PHONE: _____

EMAIL: _____

NON-PARENT EMERGENCY CONTACT: _____

RELATION: _____ BEST PHONE: _____

OTHER PERSON AUTHORIZED TO PICK UP YOUR CHILD: _____

RELATION: _____ BEST PHONE: _____

OTHER PERSON AUTHORIZED TO PICK UP YOUR CHILD: _____

RELATION: _____ BEST PHONE: _____

PLEASE NOTE THAT WE WILL NOT RELEASE CHILDREN TO PEOPLE NOT LISTED HERE UNLESS PRIOR ARRANGEMENTS ARE MADE.

HOW DID YOU HEAR ABOUT US? _____

CHILD INFORMATION

FAMILY DOCTOR: _____ PHONE NUMBER: _____

MEDICAL CARD NUMBER: _____

DOES YOUR CHILD HAVE A MEDICAL CONDITION? YES NO

IF YES, PLEASE GIVE DETAILS: _____

ARE YOUR CHILD'S VACCINATIONS UP-TO-DATE? YES NO

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

IF YES, PLEASE GIVE DETAILS: _____

HAS YOUR CHILD BEEN TESTED FOR ALLERGIES? YES NO

WHEN WAS YOUR CHILD'S LAST TEST FOR ALLERGIES? _____
DAY/MONTH/YEAR

SIBLINGS: _____ FULL-TIME PART-TIME
NAME AGE LIVES WITH CHILD

_____ FULL-TIME PART-TIME
NAME AGE LIVES WITH CHILD

_____ FULL-TIME PART-TIME
NAME AGE LIVES WITH CHILD

FAMILY PETS: _____

CHILD'S SPECIAL INTERESTS: _____

CHILD'S UNIQUE GIFTS OR SPECIAL NEEDS: _____

WHAT DO YOU HOPE YOUR CHILD WILL GAIN FROM PRESCHOOL? _____

PARENT/GUARDIAN SPECIAL INTERESTS OR SKILLS THAT CAN BE APPLIED AT HOBBY HILL:

HOBBY HILL PRESCHOOL CONSENT FORM

AS A PARTICIPATING PARENT, I AGREE TO ATTEND ALL OF THE **PARENT EDUCATION GENERAL MEETINGS** HELD ON THE **LAST WEDNESDAY OF EVERY MONTH** OF THE SCHOOL YEAR FROM **7:00PM-9:00PM**. I UNDERSTAND THAT MY ATTENDANCE AT THESE MEETINGS IS MANDATORY DUE TO THE LICENSING REQUIREMENTS OF THE COUNCIL OF PARENT PARTICIPATION PRESCHOOLS.

PARENT/GUARDIAN SIGNATURE: _____

I AGREE TO PAY THE REGISTRATION FEE AND MONTHLY TUITION FEE BY POST-DATED CHEQUES DATED ON THE **1ST DAY** OF EACH MONTH. I AGREE TO SUBMIT TEN (10) POST-DATED CHEQUES FOR SEPTEMBER TO JUNE, PAYABLE TO HOBBY HILL PRESCHOOL, **UPON REGISTRATION OR PRIOR TO SEPTEMBER 1ST.***

3'S CLASS (TUES & THURS)	9:00AM-11:00AM	SEPT TO JUNE: \$170 /MONTH
4'S CLASS (MON, WED, & FRI)	9:00AM-11:30AM	SEPT TO JUNE: \$215 /MONTH
NON-REFUNDABLE REGISTRATION FEE		\$75 (DUE AT TIME OF REGISTRATION)

PARENT/GUARDIAN SIGNATURE: _____

*IN CERTAIN SPECIAL CIRCUMSTANCES, ALTERNATE TUITION ARRANGEMENTS MAY BE MADE. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK TO THE ENROLLMENT PARENT AT REGISTRATION@HOBBYHILL.CA

I HEREBY GIVE MY PERMISSION TO HOBBY HILL PRESCHOOL TO HAVE PHOTOGRAPHS TAKEN OF MY CHILD FOR GENERAL RECORD-KEEPING, YEARBOOKS, AND PUBLICITY PURPOSES.

PARENT/GUARDIAN SIGNATURE: _____

I HEREBY GIVE MY PERMISSION TO HOBBY HILL PRESCHOOL TO TAKE MY CHILD ON OCCASIONAL FIELD TRIPS AND EXCURSIONS. *NOTE: PARENTS ARE RESPONSIBLE FOR TRANSPORTING THEIR CHILDREN TO AND FROM FIELD TRIPS.*

PARENT/GUARDIAN SIGNATURE: _____

HOBBY HILL PRESCHOOL PARENT'S AGREEMENT

THE UNDERSIGNED:

- a) UNDERSTAND THE PHILOSOPHY AND FUNCTION OF A PARENT PARTICIPATION PRESCHOOL AND AS MEMBERS, ACCEPT THE RESPONSIBILITY OF ACTIVE PARTICIPATION AND HOBBY HILL PRESCHOOL.
- b) ARE WILLING TO SERVE ON THE EXECUTIVE COMMITTEE, ON ANOTHER COMMITTEE, AND/OR HAVE A SCHOOL JOB POSITION.
- c) COMMIT TO ATTEND THE **PARENT EDUCATION GENERAL MEETINGS** ON THE **LAST WEDNESDAY OF EVERY MONTH** OF THE SCHOOL YEAR IN ORDER TO:
 - i. FULFILL OUR PARENT EDUCATION OBLIGATION, ONGOING AS A REQUIREMENT OF BEING IN THE POSITION OF TEACHER'S ASSISTANT;
 - ii. COMPLY WITH THE COUNCIL OF PARENT PARTICIPATION PRESCHOOLS OF BRITISH COLUMBIA'S POLICIES, AND;
 - iii. COMPLY WITH THE GUIDELINES REGARDING TEACHER'S ASSISTANTS AS WRITTEN BY THE MINISTRY OF HEALTH & SOCIAL SERVICES, COMMUNITY CARE LICENSING ACT.
- d) AGREE THAT ON TEACHER ASSISTANT DUTY DAYS I/WE WILL ARRIVE AT LEAST 15 MINUTES PRIOR TO THE BEGINNING OF CLASS TO PREPARE FOR THE DAY'S PROGRAM AND WILL REMAIN AFTER CLOSING FOR THE NECESSARY CLEAN-UP.
- e) UNDERSTAND THAT IN OUR SCHOOL, THE TEACHER HAS OVERALL RESPONSIBILITY FOR THE PROGRAM, DISCIPLINE, TEACHING METHODS, AND HEALTH AND SAFETY METHODS. AS A TEACHER'S ASSISTANT I/WE AM/ARE TO ASSIST THE TEACHER.
- f) WILL DIRECT ANY QUESTION ABOUT OUR CHILD'S PROGRESS OR THE PROGRAM TO THE TEACHER, AND ANY SUGGESTIONS ABOUT ADMINISTRATION TO THE EXECUTIVE COMMITTEE.
- g) UNDERSTAND THAT WITHDRAWING OUR CHILD FROM THE SCHOOL REQUIRES ONE MONTH'S WRITTEN NOTICE, GIVEN TO THE CLASS REPRESENTATIVE, OR ONE MONTH'S TUITION IN LIEU OF NOTICE.
- h) IN CASE OF INJURY, WAIVE ALL CLAIMS AGAINST HOBBY HILL PRESCHOOL, MEMBERS, AND TEACHERS IN EXCESS OF PUBLIC LIABILITY INSURANCE CARRIED BY THE PRESCHOOL.
- i) UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FIND A REPLACEMENT FOR OUR DUTY DAYS IN UNABLE TO COME (IE. CHANGE DUTY DAYS WITH ANOTHER PARENT/GUARDIAN, ASK THE EMERGENCY PARENT TO COVER). IN CASE OF PREGNANCY COMPLICATIONS AND/OR IF A PARENT BECOMES PHYSICALLY OR MENTALLY UNABLE TO FULFILL THIS OBLIGATION TO THE GROUP, WE UNDERSTAND THAT AN APPLICATION SHOULD BE MADE TO THE EXECUTIVE COMMITTEE FOR AN EXEMPTION FROM DUTY DAYS.
- j) AGREE TO CONTACT THE CLASS REP. IF UNABLE TO ATTEND A PARENT EDUCATION GENERAL MEETING **AND** AGREE TO COMPLETE THE MAKE-UP ASSIGNMENT REQUIRED BY THE COUNCIL OF PARENT PARTICIPATION PRESCHOOLS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HOBBY HILL PRESCHOOL PARENT REFERENCES

HOBBY HILL PRESCHOOL REQUIRES TWO (2) REFERENCES FOR EACH PARENT/GUARDIAN/OTHER WHO WILL BE DOING DUTY DAYS AT THE PRESCHOOL. EACH REFERENCE SHOULD KNOW YOU A MINIMUM OF TWO (2) YEARS AND BE FAMILIAR WITH YOUR INTERACTION WITH CHILDREN. PLEASE FILL OUT ONE FORM PER PARENT/GUARDIAN.

REFERENCES MAY BE COMPLETED ON THIS PAGE OR EMAILED TO REGISTRATION@HOBBYHILL.CA WITH THE SUBJECT LINE "REFERENCE FOR <PARENT/GUARDIAN NAME>". PLEASE INCLUDE ALL THE INFORMATION REQUIRED BELOW.

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____ DATE: _____

REFERENCE 1

NAME: _____ OCCUPATION: _____

EMAIL: _____ CELL PHONE: _____

I HAVE KNOWN THE ABOVE SINCE (DATE): _____

I HAVE OBSERVED THE ABOVE INTERACTING APPROPRIATELY WITH CHILDREN AT: _____

REFERENCE 2

NAME: _____ OCCUPATION: _____

EMAIL: _____ CELL PHONE: _____

I HAVE KNOWN THE ABOVE SINCE (DATE): _____

I HAVE OBSERVED THE ABOVE INTERACTING APPROPRIATELY WITH CHILDREN AT: _____

INTERNAL USE ONLY	
PRIMARY PARENT/GUARDIAN	SECONDARY PARENT/GUARDIAN
REFERENCES ON FILE	REFERENCES ON FILE
PARENT/GUARDIAN REFERENCE 1	PARENT/GUARDIAN REFERENCE 1
PARENT /GUARDIAN REFERENCE 2	PARENT /GUARDIAN REFERENCE 2

PARENT CRIMINAL RECORD CHECK

PARENTS ARE REQUIRED TO HAVE A CRIMINAL RECORD CHECK DONE WITHIN THE LAST 5 YEARS AT TIME OF REGISTRATION.

CRIMINAL RECORD CHECKS CAN BE COMPLETED ONLINE AT <https://justice.gov.bc.ca/eCRC/>
ACCESS CODE: D88YHAEW64

PLEASE COMPLETE YOUR CRIMINAL RECORD CHECK AS SOON AS YOU REGISTER AS IT CAN TAKE WEEKS OR MONTHS TO BE COMPLETED DURING PEAK TIMES. PARENTS CANNOT VOLUNTEER IN THE CLASS WITHOUT A COMPLETED AND CLEAN CRIMINAL RECORD CHECK.

PRIMARY PARENT/GUARDIAN NAME: _____

CURRENT CRC ON FILE AT HOBBY HILL (COMPLETED WITHIN THE LAST 5 YEARS)

ONLINE APPLICATION PENDING

WRITTEN APPLICATION PENDING

SECONDARY PARENT/GUARDIAN NAME: _____

CURRENT CRC ON FILE AT HOBBY HILL (COMPLETED WITHIN THE LAST 5 YEARS)

ONLINE APPLICATION PENDING

WRITTEN APPLICATION PENDING

RESPONSIBLE ADULT TRAINING

PARENTS ARE REQUIRED TO COMPLETE 20 HOURS OF TRAINING ON CHILD DEVELOPMENT BY JUNE OF THE CHILD'S ENROLLED YEAR. 10 OF THESE HOURS WILL BE ATTAINED DURING THE MONTHLY PARENT EDUCATION MEETINGS ON THE LAST WEDNESDAY OF EVERY SCHOOL MONTH.

10 MORE HOURS MUST BE COMPLETED BY SEPTEMBER 1ST OF THE YEAR YOUR STUDENT STARTS SCHOOL. THIS CAN BE DONE BY READING THE MATERIALS SENT TO YOU ONCE YOUR APPLICATION IS RECEIVED **OR** YOU MAY USE PREVIOUS TRAINING SUCH AS YOUR ECE TRAINING, FOOD SAFE, PARENTING PROGRAMS, WORKSHOPS, UNIVERSITY COURSES, ETC.

PLEASE SUBMIT ANY RELEVANT DIPLOMAS, CERTIFICATES, OR OTHER EVIDENCE OF YOUR TRAINING WITH YOUR APPLICATION.

INTERNAL USE ONLY	
PRIMARY PARENT/GUARDIAN	SECONDARY PARENT/GUARDIAN
EMAILED MATERIALS READ	EMAILED MATERIALS READ
DIPLOMA, CERTIFICATE, ETC. RECEIVED	DIPLOMA, CERTIFICATE, ETC. RECEIVED