

JINGBAO™ BILINGUAL

REGISTRATION FORM

CHILD INFORMATION

Legal Name _____ <small>First Name Middle Name Family Name</small>	Date of Birth ____/____/____ <small>Year Month Day</small>	Age	Gender (F/M)	Language(s) spoken at home
Home Address	City, Postal Code	Home Telephone		
Date of Admission:			Date of Withdrawal:	

PARENTS OR GUARDIANS INFORMATION

Parent/Guardian #1 Name:	Cell Phone #:	Work #:
Employer/School:	Email:	Relationship with the Child:
Home Address:	City:	Postal Code:
Parent/Guardian #2 Name:	Cell Phone #:	Work #:
Employer/School:	Email:	Relationship with the Child:
Home Address:	City:	Postal Code:

EMERGENCY CONTACT (other than parents)

# 1 Name:	Home Address:	Cell #:
Home #:	Work #:	Relationship with the Child:
# 2 Name:	Home Address:	Work #:
Home #:	Cell #:	Relationship with the Child:

MEDICAL INFORMATION & SPECIAL REQUIREMENTS

Doctor's Name:	Office Phone #:	Doctor's Office Address:	City:	Postal Code:
Existing Medical Condition: YES / NO If your answer is YES, please specify in detail:				
Special requests: (such as dietary needs, food restriction, sleep and rest, etc.)				

JINGBAO™ BILINGUAL

IMMUNIZATION RECORD

Separate copy attached

Child's CURRENT immunization information is mandatory. A copy of your child's immunization record is required.

HEALTH INFORMATION (Communicable Diseases)

This is a history of your child's health information. It is a requirement by the Public Health and Ministry of Education. If any of the following communicable diseases have been diagnosed by your child's doctor, please circle them.

Influenza	YES	NO
Pertussis (whooping cough)	YES	NO
Diphtheria	YES	NO
Tetanus	YES	NO
Measles	YES	NO
Mumps	YES	NO
Rubella	YES	NO
Hand, Foot and Mouth Disease	YES	NO
Impetigo	YES	NO
Fifth Disease	YES	NO
Pinworms	YES	NO
Ringworms	YES	NO
Scabies	YES	NO
Scarlet Fever	YES	NO
Strep Throat	YES	NO
Conjunctivitis (pink eye)	YES	NO
Chicken Pox	YES	NO

STUDENT HISTORY

Name of previous School/Daycare (if applicable):

Child lives with (please check all that apply):

- Father
 Mother
 Both Parents
 Stepfather
 Stepmother
 Guardian/Other:
 Parents Divorced/Separated
 Father Deceased
 Mother Deceased

Please specify any social, emotional or medical conditions that JINGBAO™ should be aware of:

Does your child have any siblings? If yes, please specify age and gender:

MEDICAL WAIVER

I, _____, the parent/guardian of _____,
(print name of parent/guardian) (print name of child)

understand that in the event of illness or an accident occurring to my child, JINGBAO™ will make every attempt to contact me and/or other parent/guardian. If, however, I or another parent/guardian cannot be reached, I hereby give JINGBAO™, its Directors, Supervisors and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to seek medical attention for my child. I also agree to release and indemnify JINGBAO™, its Directors, Supervisors and Employees from all claims for damages arising from an injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reasons arising from participation in any JINGBAO™ program activities.

JINGBAO™ BILINGUAL

PERMISSION TO PARTICIPATE IN FIELD TRIPS

I, _____, the parent/guardian of _____,
(print name of parent/guardian) (print name of child)
give permission for my child (stated above) to participate in any field trips/events which take place out of JINGBAO™. I understand that I will be notified in writing prior to any field trips/events.

OBSERVATION, PHOTOGRAPHS AND AUDIO/VIDEO/SURVEILLANCE CAMERA RECORDING CONSENT

I, _____, the parent/guardian of _____,
(print name of parent/guardian) (print name of child)
permit JINGBAO™ and its staff to observe, photograph my child, and to make recordings of my child with audio/video devices or on surveillance cameras. All images will be used in JINGBAO™ or within the organization only.

PART-TIME REGISTRATION POLICY

JINGBAO™ is committed to helping families to meet individual child's needs by providing parents with flexible choices of both full-time and part-time enrollment. However, we are limited to our ability sometimes due to limited spaces. JINGBAO™ reserves all rights to take a part-time space back at any time or suggest any change of the program choice. We will consult in advance with the family occupying the part-time space for the suggested change. A two-week notice of dismissal will be given to the family if the family fails to show the flexibility of the suggested change. Thank you for your understanding and cooperation in this important matter.

POLICIES AND PROCEDURES AGREEMENT

I, the parent/guardian of _____ (child's name), have read and understand the policies and procedures of JINGBAO™, as stated in the **Parent's Handbook**, and I agree to adhere to them and acknowledge that failure to abide by them may result in additional cost to me or my child's dismissal.

TERMS AND CONDITIONS OF FINANCIALS

- A non-refundable registration fee of \$100 per child must be paid by all new applicants upon registration.
- An extra administration charge of \$100 will apply to any changes initiated by parents during the school year.
- Acceptance of an application will be confirmed in writing.
- The first month tuition fee must be paid together with the registration fee at the time of registration or re-enrollment.
- A written notice of withdrawal must be given at least four weeks prior to the date of withdrawal. Otherwise, the payment of extra week(s) up to a full month fee will be charged.
- No fees will be refunded for days absent from school, regardless of the nature of the absence.
- All monthly post-dated cheques must be submitted at the time of registration or re-enrollment.
- The name of the child must be indicated on all methods of payment.
- A charge of \$25.00 will be applied to all N.S.F. payments. A money order/certified cheque is required if N.S.F. cheques are returned more than once.
- An additional charge of \$1.00 per minute applies for any time a staff must remain with a child after the centre closing time.

ACCEPTANCE OF CONTRACT (SIGNED)

I, _____, have duly read and completed this contract and hereby accept all terms and conditions set out therein.

Signature of Parent/Guardian:

Date: