

SMUS

JUNIOR KINDERGARTEN

2024-2025



JK Forms Package

*Please complete, sign forms and
submit to JS Office*

St. Michaels University School
Junior School
820 Victoria Avenue
Victoria, BC
V8S 4N3

Telephone:
(250) 598-3922

Email:
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www.smus.ca



Junior Kindergarten Forms

Junior Kindergarten Parent/Guardian Completion Form

I have thoroughly read, understood, and agree to follow the SMUS Junior Kindergarten Handbook and Policies as written. Each child registered in the program, must complete all registration forms.

Parent/Guardian First and Last Name _____
(Please Print Name)

Parent/Guardian Signature: _____

Child's First Name: _____ **Child's Last Name:** _____
(Please Print Name)

Child's Age: _____

Date Forms Submitted: _____

The Registration process requires the following forms to be completed for each child attending SMUS Junior Kindergarten:

<input type="checkbox"/>	1. Child's Registration Form
<input type="checkbox"/>	2. Child's Authorized Pick-Up List of Persons
<input type="checkbox"/>	3. Child's Home Information
<input type="checkbox"/>	4. Child's Health Information
<input type="checkbox"/>	5. Parent/Guardians Permissions Information

Office Use Only:

<input type="checkbox"/> <i>All required forms submitted</i>	<input type="checkbox"/> <i>Missing forms or information:</i> <hr/> <hr/> <hr/> <hr/> <hr/>
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Junior Kindergarten Forms

Child's photo

Child Registration Form *(Please include a photo of child)*

First Date of Attendance (YY/MM/DD)	Updated on (date):
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Child's Information

Child's Surname	Child's Legal First Name	
Child prefers to be called		
Birthdate (YY/MM/DD)	Identifies as:	
Address	City	Postal Code

Parent/Guardian #1

Surname		First Name	
Address same as child <input type="checkbox"/> <i>(If no, please provide address)</i>		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email Address	
Relation to Child		Place of Work	
Work Address		Hours of Work	

Parent/Guardian #2

Surname		First Name	
Address same as child <input type="checkbox"/> <i>(If no, please provide address)</i>		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Place of Work	
Work Address		Hours of Work	



Junior Kindergarten Forms

Authorized Persons Pick up List

Child's Surname	Child's Legal First Name
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I authorize the following people (in addition to Parent/Guardian) to pick up my child and/or to be contacted in case of an emergency:

Person #1

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

Person #2

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

Person #3

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

Please indicate person(s) SMUS Junior Kindergarten CANNOT release your child to (name & description)

Surname	First Name
Description:	

Please indicate person(s) that access is denied to pick up child if applicable

Surname	First Name
Relationship	Court order in effect <input type="checkbox"/> YES (please attach copy) <input type="checkbox"/> NO
Description	

Surname	First Name
Relationship	Court order in effect <input type="checkbox"/> YES (please attach copy) <input type="checkbox"/> NO
Description	

Parent / Guardian Signature: _____ Date: _____



Junior Kindergarten Forms

Child's Home/Family Information

Child's Surname	Child's First Name
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Child's Home/Family Information:

Child lives with?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian #1	<input type="checkbox"/> Guardian #2
Other siblings in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other adults in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No		
<i>If yes, please include name(s):</i>					
Surname	First Name				
Surname	First Name				

Custody Agreement Information:

Is there a copy of the custody agreement attached to this package?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please provide details of custody agreement:		

If parent/guardians have joint custody, please specify arrangement for pick-up of child:

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If parent/guardians do not have a legal custody agreement, but have an informal separation agreement, please give specific details regarding this arrangement.

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Junior Kindergarten Policies

Child's Health Information Form

Child's Surname	Child's First Name
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BC Care Card Personal Health Number:

Immunization Records:

The Community Care and Assisted Living Act – Child Care Licensing Regulation requires that immunization records for each child are submitted. Please enter the dates of immunization in the assigned space or **submit a copy of your child's immunization records available from your local health unit.** *PENTA; combines Pertussis, Diphtheria, Tetanus, Polio, Haemophilis Influenza B in one dose.*

Date/Age	Date/Age
PENTA or DTP _____	Measles _____
PENTA or DTP _____	Mumps _____
PENTA or DTP _____	Rubella _____
PENTA or DTP _____	Hepatitis B _____
DTP _____	TB _____
Other _____	

I have chosen not to immunize my child. Signature: _____
 My child's immunizations are *not* up-to-date. Signature: _____

Family Doctor Information:

Doctor Name:	Doctor Phone #:
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Allergies (please check NO if allergies are not applicable to your child):

Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify Foods:
Severity of reaction:	
Other Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify Other:
Severity of reaction:	
Does your child need an epi-pen or inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your child have any of the following health or medical issues?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Special Medications	<input type="checkbox"/> Hearing
<input type="checkbox"/> Other	Please Specify:			

Any other health or medical professions treating your child:

Name	Phone
Name	Phone

Other health/medical information concerning your child that is relevant:



Junior Kindergarten Policies

Parent/Guardian Permissions Authorizations Form

Child's Surname	Child's First Name
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Accident/illness Treatment Consent:

I _____ (parent/guardian) give my permission for a staff member to call a medical practitioner or ambulance for my child, in the case of accident or illness, if I cannot be reached immediately.

Parent/Guardian Signature: _____ Date: _____

Image Release Consent:

I _____ (parent/guardian) give my permission for video, photo and digital images of my child to be taken during the program for in-house purposes within SMUS. I understand that the name of my child will not be published without my express written permission.

Parent/Guardian Signature: _____ Date: _____

Field Trip Consent:

I _____ (parent/guardian) give my permission for my child to accompany ECE Faculty staff on short neighborhood trips (i.e. local park, beach). I understand that all excursions will be pre-planned and supervised carefully by teachers. Parents/guardians will be informed of field trips that require public transportation and/or take place outside of the immediate neighborhood of the Junior School.

Parent/Guardian Signature: _____ Date: _____

Sunscreen Application Consent:

I _____ (parent/guardian) give SMUS Junior School ECE staff permission to apply sunscreen to _____ (child) on an as-needed basis. Sunscreen MUST be provided by parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Activity Risk Acknowledgement and Consent:

In permitting my child to attend SMUS Junior School Junior Kindergarten, I, the undersigned, permit my child to participate in the full range of school activities and authorize the ECE teachers or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. **Such action is only to be taken when immediate contact with the undersigned cannot be made.** It is understood that SMUS Junior School is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against St. Michaels University School; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the SMUS Junior School Junior Kindergarten programs.

Parent/Guardian Signature: _____ Date: _____