

QUEEN MARGARET'S SCHOOL

QMS

2011-12 JUNIOR KINDERGARTEN & PRESCHOOL FORMS

Please complete applicable forms and return before:

AUGUST 1, 2011

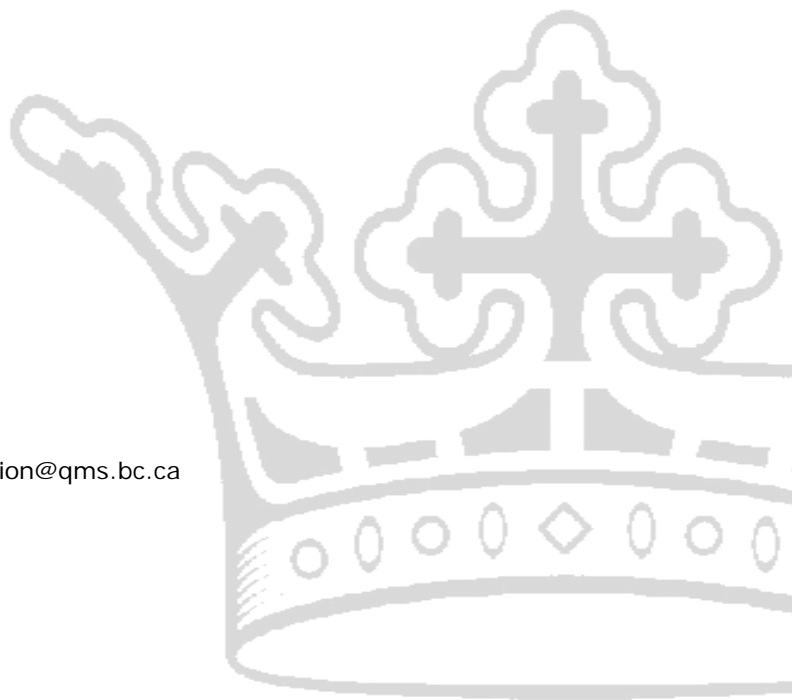
Mail, fax, email or drop off forms to:

660 Brownsey Avenue

Duncan, British Columbia, Canada V9L 1C2

T (250) 746-4185 | F (250) 746-4187 | reception@qms.bc.ca

www.qms.bc.ca



AGREEMENT TO ABIDE BY QMS POLICIES AND PROCEDURES, EMERGENCY CONTACT, & STUDENT CUSTODY RELEASE INFORMATION

(Remains in effect as long as student is attending QMS or until cancelled/changed in writing)

AGREEMENT TO ABIDE BY QMS POLICIES AND PROCEDURES as outlined in the Information Booklet

I have read, understood and agree to abide by the terms of the policies and procedures at Queen Margaret's School as outlined in the Junior Kindergarten and Preschool Information Booklet.

Student Name (please print)

1st Parent/Guardian Name (please print)

Signature of 1st Parent/Guardian

Date

2nd Parent/Guardian Name (please print)

Signature of 2nd Parent/Guardian

Date

It is vital that we have as much contact information as possible on file in the event of an emergency. Queen Margaret's School is registered with the Cowichan Valley Local Emergency Response Neighbourhood (LERN) Program, and a school committee works on a continuing basis to improve our preparations for any such emergency.

CUSTODY: Both parents Mother Father Other/Relationship: _____

LIVING WITH: Both parents Mother Father Other/Relationship: _____

PARENT/GUARDIAN ADDRESSES & CONTACT NUMBERS

Contact: Mother Father Other

Parent/Guardian
Name: _____

Street Address: _____

Mailing Address: _____

City, Province: _____

Code, Country: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

E-Mail Address: _____

Contact: Mother Father Other

Parent/Guardian
Name: _____

Street Address: _____

Mailing Address: _____

City, Province: _____

Code, Country: _____

Home Phone #: _____

Cell Phone #: _____

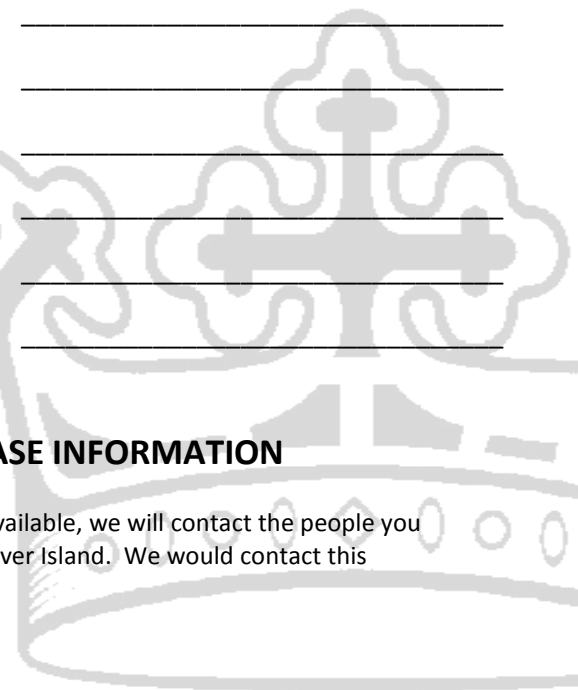
Work Phone #: _____

E-Mail Address: _____

OTHER EMERGENCY CONTACTS/STUDENT CUSTODY RELEASE INFORMATION

Parents will always be contacted first in the event of an emergency. If you are unavailable, we will contact the people you list below. Emergency contact #4 should be someone who does not live on Vancouver Island. We would contact this person in the event of a local natural disaster.

(cont'd)



Please indicate whether your child may be released into the custody of the individuals named as your emergency contacts. It is school policy that no student may be released into the custody of any person unless authorized by the student's parent or legal guardian. **We ask that the person picking up your child be prepared to show ID at the time of pickup.**

If any of these emergency contact numbers should change, please inform the Administration Office immediately.

1. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

2. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

3. Emergency Contact Name: _____ Relationship to student: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

4. Emergency Contact Name (**Not on Vancouver Island**): _____

Relationship to student: _____ Address: _____

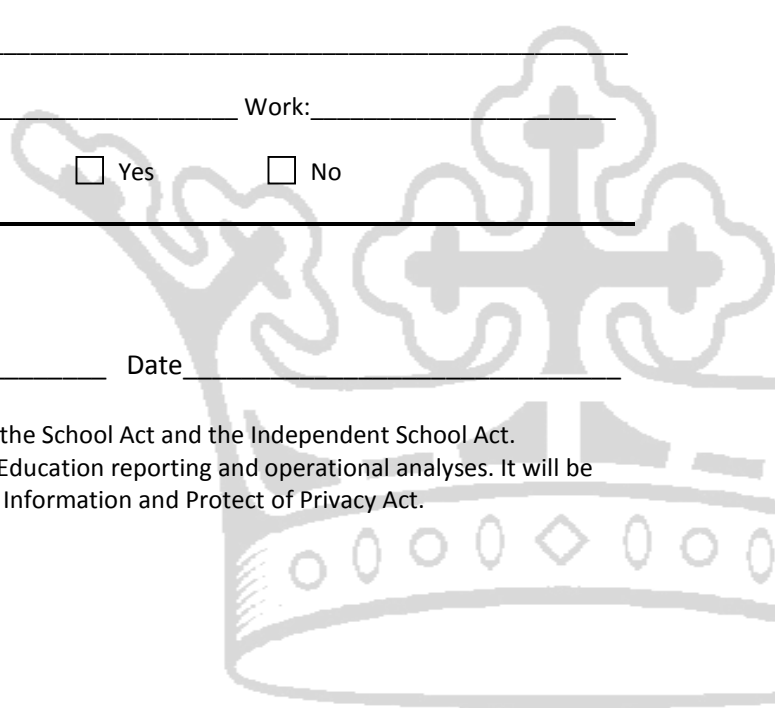
Phone numbers: Home: _____ Cell: _____ Work: _____

My child may also be released into the custody of this person: Yes No

I certify that the information on this form is correct.

Parent/Guardian signature _____ Date _____

The information on this form is collected under the authority of the School Act and the Independent School Act. Information is used by Queen Margaret's School for Ministry of Education reporting and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protect of Privacy Act.



RELEASE OF CHILD IN CARE

As stated in the child care licensing regulation act: The facility must obtain in writing from the parent of the child in care, and maintain at the facility, the name of each person authorized to remove the child in care from the facility.

The facility must ensure that a person in care is not released from the facility to anyone except the parent of the child in care or a person authorized in writing on file at the facility.

The facility can not release the child to anyone that appears to be incapable of providing safe care i.e.: under the influence of drugs or alcohol or displaying inappropriate behavior that may be harmful to the child in care. If such an incident occurs the parent or authorized person will be reminded of the policies and the child will remain at the facility until a responsible authorized person can pick up the child.

If the child is not picked up from the facility, the caregiver will proceed with calling the authorized people as stated in child's file.

An unauthorized person can not request the release of the child in care. If such an incident occurs the facility must obtain in writing from the parent that the child may be released to such person before the child may be released.

Emergency services will be contacted if the facility can not find a responsible, authorized person to release the child and/or the persons involved become harmful to the children or employees in the facility.

I have read the above information and am in agreement with the release of child in care policy set out above.

Name of child (please print)

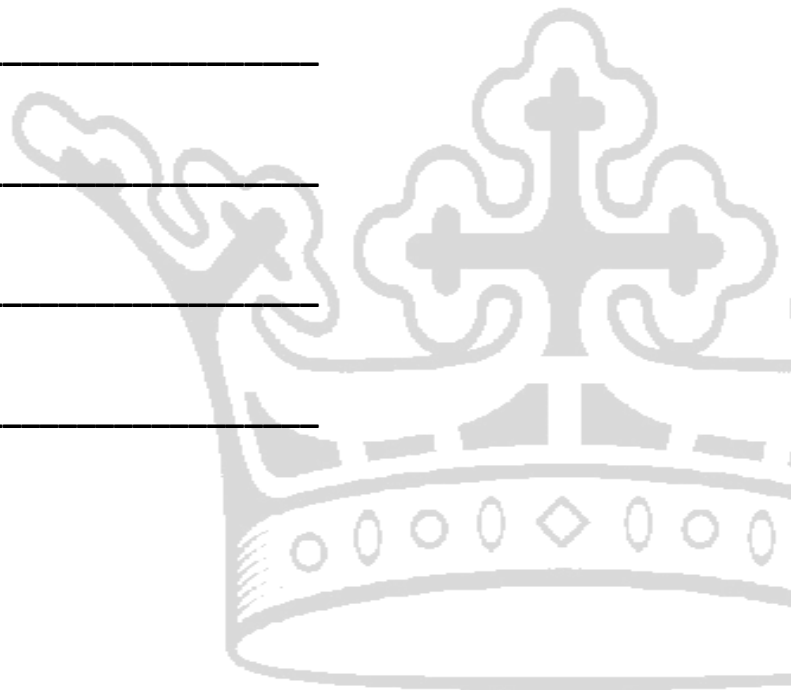
Name of 1st Parent/Guardian (please print)

Signature of 1st Parent/Guardian

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date



MEDICAL FORM – JUNIOR KINDERGARTEN/PRESCHOOL

(CONFIDENTIAL INFORMATION KEPT IN THE CLASSROOM)

FOR COMPLETION BY PARENT/GUARDIAN

Student: _____
Last Name First name(s)

Date of Birth (dd/mm/yy): _____ Male Female Grade: _____

Please disclose complete details of any health issue on a separate sheet, if necessary.

PAST OR PRESENT ILLNESSES/CONDITIONS:	YES	NO	COMMENTS & TREATMENT
Ear Infections, Hearing Aids, Sinus problems, Nose bleeds, etc.			
Scoliosis, Back pain, Knee or ankle problems. Limitations re: sports?			
Diabetes, Thyroid problems, etc.			
Abdominal concerns			
Menstrual concerns			
Heart murmur, Rheumatic Fever, etc.			
Epilepsy, Fainting			
Frequent headaches, migraines			
Asthma, Bronchitis, Frequent colds			
Eczema, rash, hives, etc.			
Eating disorders, ADD, ADHD, etc.			
Allergies: environmental, food, medications			
Mental health: Eating disorder, ADD, Depression, Behavioral problems, etc.			
Counselling: follow-up required			
Hospitalizations			Date: _____ For: _____
Any other health concerns the school should be aware of?			

MEDICATIONS

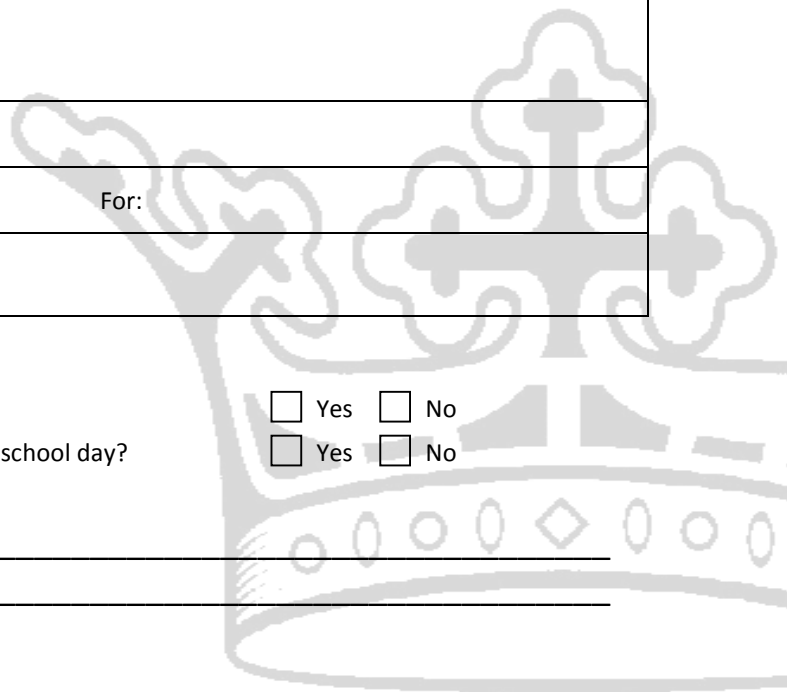
Does your child take any medications on a regular basis?

Yes No

Will administration of medication be required during the school day?

Yes No

If yes, please name medication, dose and frequency:



Does this student wear a Medic Alert Bracelet?

Yes No

Does this student require an Epi-Pen for allergies?

Yes No

INFECTIOUS DISEASE HISTORY: Please check any of the following diseases the student has had:

Measles Rubella Mononucleosis Hepatitis A B C
 Mumps Chicken Pox Tuberculosis Other: _____

IMMUNIZATION HISTORY: A copy of your child's immunizations is required to be attached with this form.

Recommended Public Health Immunizations:			
2 months	DPTP/Hib	4 - 6 years	DPTP
4 months	DPTP/Hib	Grade 6	Hep B (QMS will offer 2 doses over school year)
6 months	DPTP/Hib	Grade 9	Tetanus/Diphtheria (QMS will offer 1 dose over school year)
12 months	MMR & DPTP/Hib	Every 10 years	Tetanus/Diphtheria
18 months	MMR & DPTP/Hib		

If you wish your child to be protected against the vaccine preventable diseases listed above, they must complete the immunization series before arrival at school. Immunizations routinely offered at QMS are for grade 6, grade 9 and grade 12 students. Consent forms and information for above will be mailed to parents as necessary. Immunizations for Kindergarten will be done at the local health unit.

BC Care Card Medical Number: _____

Family Doctor's Name: _____
Please print

Phone #: _____

Dentist's Name: _____
Please print

Phone #: _____

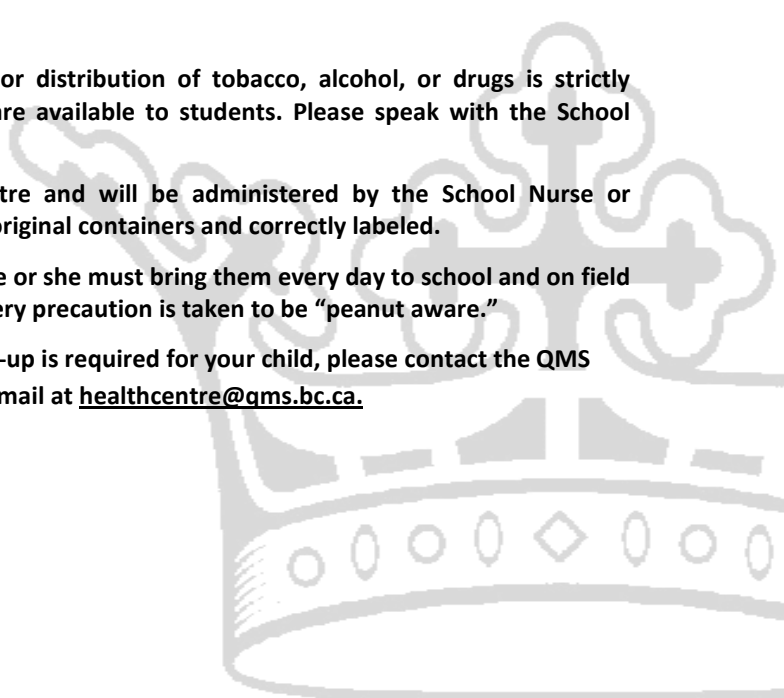
CONSENT FOR EMERGENCY HOSPITALIZATION AND RELATED MEDICAL SERVICES

I hereby consent to have my child (*print child's name*) _____ treated at the local hospital.

Parent/Guardian Signature: _____ Date: _____

NOTES

- QMS is a smoke free school. The possession, use, or distribution of tobacco, alcohol, or drugs is strictly prohibited. Anti-smoking programs and counseling are available to students. Please speak with the School Nurse in confidence.
- All medications must be stored in the Health Centre and will be administered by the School Nurse or designated staff. Please send all medications in their original containers and correctly labeled.
- If your child requires the use of an EpiPen or puffer, he or she must bring them every day to school and on field trips. While the school is not a peanut-free school, every precaution is taken to be "peanut aware."
- If you have any concerns or questions, or if any follow-up is required for your child, please contact the QMS Health Centre at 250-746-4185, extension 109 or via email at healthcentre@gms.bc.ca.



GENERAL WAIVER

(Remains in effect as long as student is attending QMS or until cancelled/changed in writing)

GENERAL CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PREAMBLE

Throughout their attendance at Queen Margaret's School, students will participate in outdoor and physical education, sports and sporting events and field trips (including those with educational purposes, such as to art galleries or museums, and those without such educational purposes), ("School Activities"). The School Activities carry certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and field trip or event cancellation or curtailment. All persons taking part in School Activities are required to accept these and other risks as a condition of their participation in those School Activities. Queen Margaret's School Society ("QMS") will not accept any liability for injury, loss, damage or expense sustained as a result of any person's participation in School Activities. The Statement of Risks set forth below is intended to enable participants to better understand and accept the various risks involved in School Activities. Both parents or guardians of all students will be required to sign this General Consent, Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, which will release QMS, and its representatives, from any future claims which might arise as a result of the student's participation in School Activities. Students are under no obligation to participate in School Activities, and may choose not to participate at any time after signing this form.

STATEMENT OF RISKS

First, School Activities involve the risks inherent in travel. There are significant risks, dangers, and hazards to which all travelers are exposed.

QMS often uses the services of independent travel agents, airlines, tour and bus companies. QMS cannot accept responsibility for the conduct of these independent agencies. School Activities may not be completed or individual courses or activities may be curtailed or canceled, due to weather, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems, budgetary considerations, failure to perform on the part of travel agents, airlines, tour or bus companies, problems related to customs, immigration or visa requirements, or other circumstances either within or beyond the control of QMS.

Second, the School Activities themselves, particularly those involving outdoor and physical education and/or participation in sports and sporting events, involve inherent risks, such as (without limitation) physical injury incurred by contact with participants on opposing teams or without contact by the participant's own efforts to participate, or by reason of objects or hazards which occur naturally such as river or ocean action or mountainous terrain, extremes of hot or cold temperatures, or the actions of animals.

QMS and its directors, officers, professors, teachers, instructors, employees, agents, support personnel and other representatives cannot and do not assume liability in respect of any of these risks, dangers, hazards and liabilities. QMS does not accept responsibility and assumes no liability with respect to any academic, vocational, medical, financial or tax advice received by a participant concerning School Activities.

GENERAL CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

I (*print parent name*), _____, and I (*print parent name*) _____, parent(s) of (*print student name*) _____, are aware that School Activities taking place while my child attends Queen Margaret's School will involve many risks, dangers, hazards and liabilities, including but not limited to those referred to in the Preamble and Statement of Risks set forth above. I freely accept and assume, throughout my child's attendance at Queen Margaret's School, all such risks, dangers,

(cont'd)

hazards and liabilities and the possibility of personal injury, death, property damage, loss, expense or inconvenience resulting from the School Activities.

In consideration of QMS allowing my child to participate in School Activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS, whether in contract or in negligence, that I and my child have or may in the future have against QMS and its directors, officers, professors, teachers, instructors, employees, agents, support personnel and other representatives (all of whom are hereinafter collectively referred to as "the Releasees") arising out of or resulting from my child's participation in School Activities;
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that my child may suffer or that my child's next of kin may suffer as a result of her/his participation in School Activities, due to any cause whatsoever, INCLUDING BREACH OF CONTRACT OR NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any loss, damage, injury or expense to any third party resulting from my child's participation in School Activities;
4. THAT THIS AGREEMENT shall be effective and binding upon myself, my child's heirs, next of kin, executors, administrators and assigns, in the event of her/his death.
5. TO COMPENSATE the Releasees for any expenses incurred on my child's behalf to provide health care and medical treatment in case of illness or injury.
6. THAT the Releasees have made NO AGREEMENTS, REPRESENTATIONS OR WARRANTIES collateral to this Agreement or any representations or warranties other than those made herein with respect to the risks, dangers, hazards and liabilities, including but not limited to those referred to in the Preamble and Statement of Risks set forth above which may be associated with School Activities.
7. THAT THIS AGREEMENT shall be governed by the laws of the Province of British Columbia including all federal laws of Canada applicable therein.

I have read and understood this agreement prior to signing it, I have received or had the opportunity to receive independent legal advice prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my child, heirs, next of kin, executors, administrators and assigns may have against the Releasees.

We certify we are the parents of (*print student name*) _____ and hereby give permission and consent for our child to participate in School Activities at Queen Margaret's School on the terms and conditions set out above.

(All custodial parents must sign)

Name of 1st Parent/Guardian (please print)

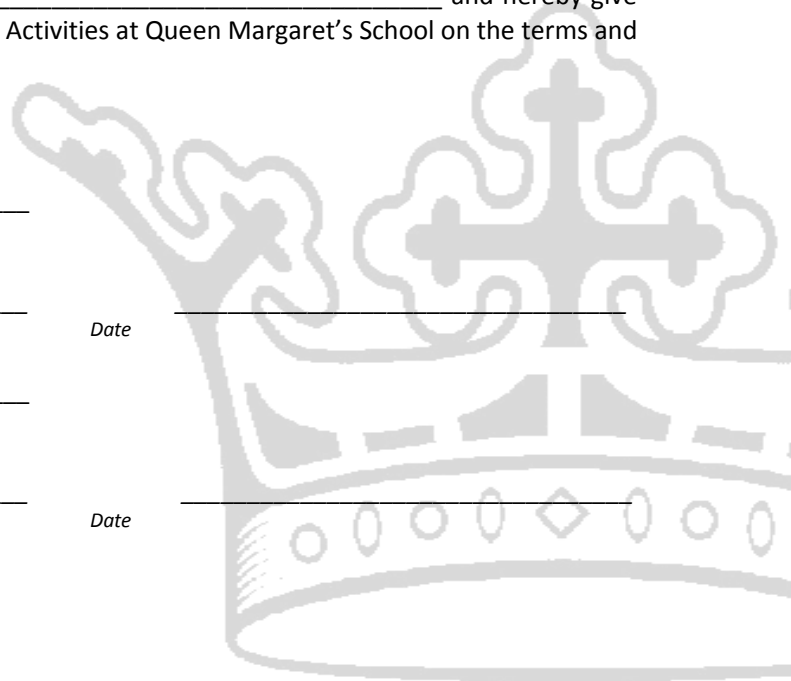
Signature of 1st Parent/Guardian

Date

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date



CONSENT FOR USE OF PERSONAL INFORMATION

(Remains in effect as long as student is attending QMS or until changed/cancelled in writing)

I consent to having Queen Margaret's School collect personal information that may include student identification information; birth certificate; legal guardianship; court orders if applicable; parents work numbers and e-mail addresses; behavioural, academic and health information; most recent report card; emergency contact name and number; doctor's name and number; health insurance number and any similar information needed for registration.

I further consent to the use and/or disclosure of information collected by or on behalf of Queen Margaret's School for the following purposes:

- for the evaluation, admission and registration of new students
- for the re-registration of returning students
- for Ministry of Education Reporting Purposes
- in support of application(s) to other schools and universities
- for evaluating eligibility for scholarships, bursaries or financial aid
- for determining eligibility for provincial grants
- for the confidential use of the school's health care professionals for the purpose of providing health services
- for accounting, payroll, and billing purposes
- for school advancement, development and fundraising purposes
- for QMS Parents' Association and QMS Society purposes

-
- materials, press releases, internal/external communications and publications which *could* include social media such as Facebook, Twitter, www.qms.bc.ca, etc. **(For promotional purposes)**

Yes No

- materials, press releases, internal/external communications and publications which *could* include social media such as Facebook, Twitter, www.qms.bc.ca, etc. **(For educational purposes)**

Yes No

- photographs & video images of student

Yes No

- samples of student work

Yes No

- If you agree to some use of your child's image but not to all, please clearly specify where and when QMS may be permitted to use images of your child: _____

- I agree to permit dedicated faculty members to monitor the uploading of files and any other examples which reflect my child's learning at Queen Margaret's School into a QMS sanctioned/created Web 2.0 tool (Social Network, Blog, Mini Blog, online collaboration or storage tool). Yes No

This information is required in order to register your child at this school, to provide services to parents, students, and staff, and to assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. If you do not want your personal information used for any of the above purposes, or for more information, please contact the Privacy Officer for Queen Margaret's School, Julie Scurr, who may be reached at (250) 746-4185, or by e-mail at jascurr@qms.bc.ca.

I am the Parent/Guardian of the following student(s):

Student Name (please print)

Student Name (please print)

Student Name (please print)

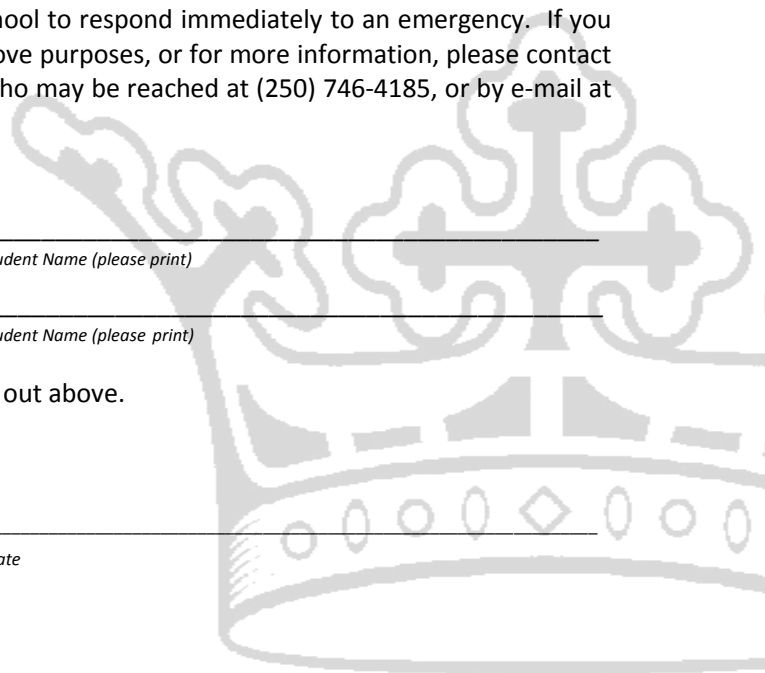
Student Name (please print)

I have read the above carefully and agree to the conditions set out above.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



REPAYMENT AGREEMENT

As stated in the Community Care and Assisted Living Act, Section 19:

“If a person prepays any part of the cost of services provided by a class of community care facility designated by the Lieutenant Governor in Council, the licensee or manager of the facility must, at time of prepayment, deliver to the person a written statement setting out the terms and conditions of when a refund of all or any or the prepayment will be made.”

In the event that the child can no longer attend the program or the parent/guardian and caregiver feel that the program does not meet the needs of the child, Queen Margaret’s school will require **one month’s notice and full payment for that month** whether or not that child is in attendance. Notice will commence at the first of the month.

In the event that the caregiver can no longer care for the child the caregiver **must give one month’s notice** to the parents/guardians.

If a child is sick and unable to attend the facility, **full payment is still required.**

If the caregiver is sick and unable to provide care a qualified Early Childhood Educator will be called in to replace the caregiver in the facility. If a qualified caregiver cannot be contacted, the parent/guardian will be informed that the facility will be closed and the day/days missed **will be refunded** by Queen Margaret’s School.

The fees **will not be refunded** for days missed due to statutory holidays.

If a child does not attend because the parent/guardian is on vacation and/or not working **full payment will be required.**

I have read the above information and am in agreement with the repayment and refund policy set out above.

Name of child (please print)

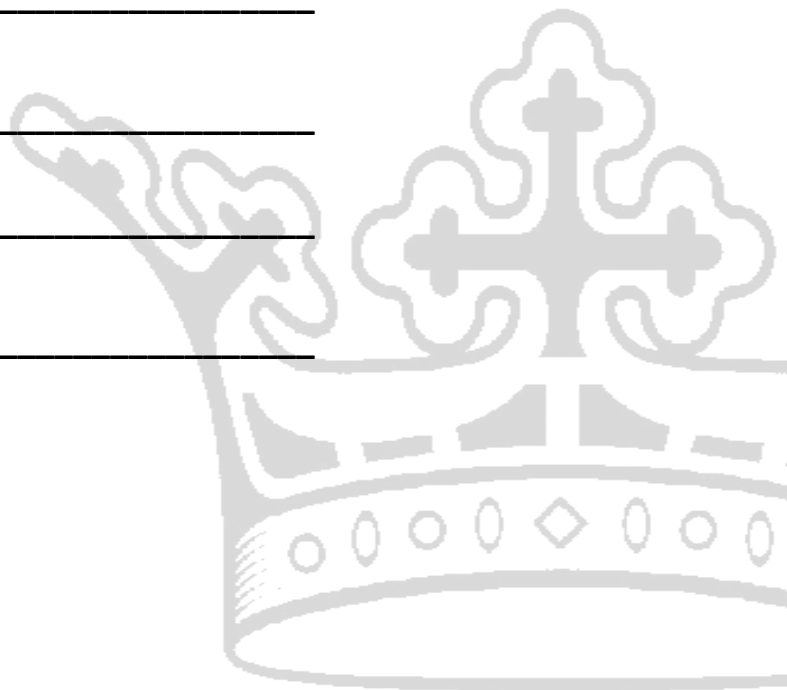
Name of 1st Parent/Guardian (please print)

Signature of 1st Parent/Guardian

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date



PARENT AGREEMENT

To ensure the health and safety of all the children in care at **QMS Junior Kindergarten**, we will keep our child at home if there is any question of illness. If our child contracts a communicable disease, we will notify the teacher/manager immediately.

In case of serious injury or other medical emergency, we authorize the teacher or the School Nurse to obtain professional help (doctor and/or ambulance) and to notify the parents or emergency contact person immediately.

Any medication(s) my child requires will be in the original packaging and accompanied with a signed Consent Form. We understand that only Junior Kindergarten Staff are authorized to administer it.

We will be consistent with informing the teacher about any change in our child's behavior or change in events that may affect our child's behavior.

We will make every effort to be prompt in bringing our child to school and in picking him/her up at closing time.

I have read the above information and am in agreement with the illness and medical policy set out above.

Name of child (please print)

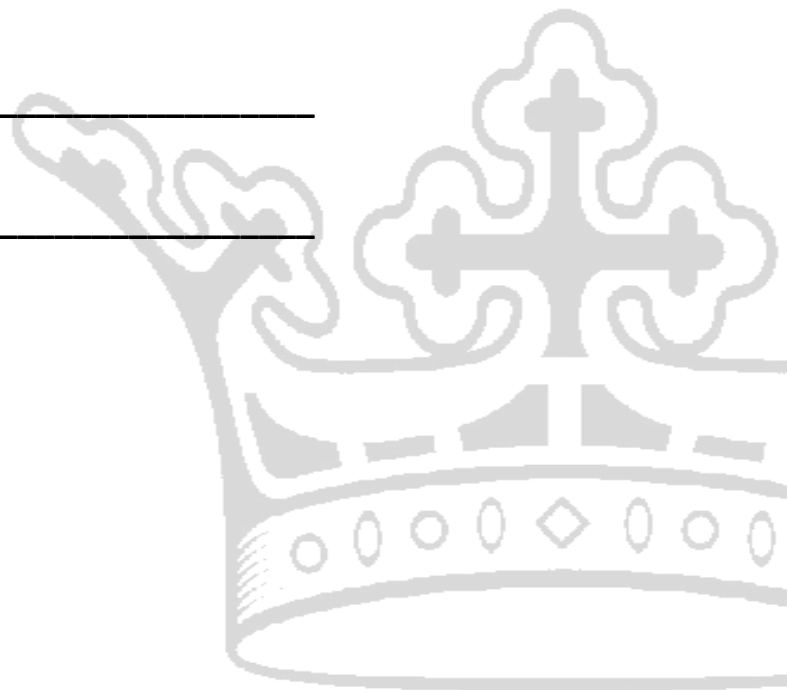
Name of 1st Parent/Guardian (please print)

Signature of 1st Parent/Guardian

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date



DISCIPLINE AND GUIDANCE

The method of guidance and discipline will be positive and consistent with the developmental age of the children. The teachers will create an atmosphere that fosters trust, security, and comfort. An organized environment for children to explore is vital in maintaining good mental health and diminishing potential for problems. The children will be given clear guidelines about what behavior is expected. Children are encouraged to express their feelings and needs in words. The children will be supported by the teacher in their interactions with peers: to negotiate, discuss and express their feelings appropriately. In the rare event that a child can not be encouraged to control his/her behavior the teacher will sit with that child until he/she can regain control and rejoin the activity.

The best solution is to avoid the need for discipline. A qualified teacher can anticipate when frustration and undesirable behavior may be building and can intervene or redirect the children before hurtful incidents between the children occur. We are committed to providing an atmosphere that will maximize the opportunities for desirable behavior. At no time will discipline be associated with the behavior of the child in regards to toileting or food.

Parents will be informed if there is a problem with the child's behavior. The teacher and parents will work together to set up appropriate goals for the child and determine strategies to meet those goals.

I have read the above information and am in agreement with the discipline and guidance policy set out above.

Name of child (please print)

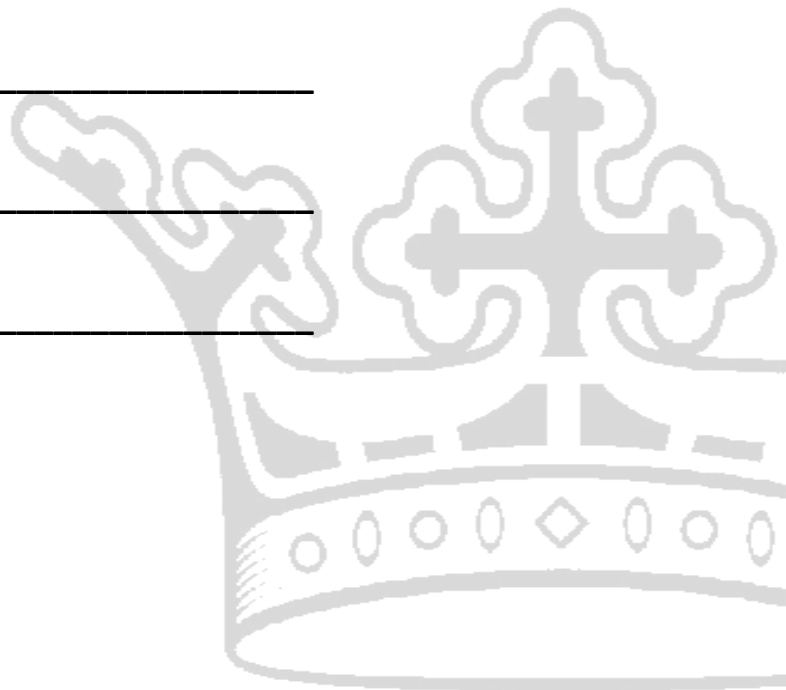
Name of 1st Parent/Guardian (please print)

Signature of 1st Parent/Guardian

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date



BUS POLICY

Children enrolled in Junior Kindergarten or Preschool may ride the bus to and from QMS as long as they are accompanied by an older sibling. Junior Kindergarten and Preschool students will not be allowed to board the bus if they are alone.

An emergency package must be carried in the child's backpack. This package needs to include an index card with the following information: Personal Health (care card) number, emergency contact phone numbers, and any allergy or other medical information. The package should also include puffers, diapers and wipes if needed. Parents must ensure that this package travels with their child.

I have read the above information and am in agreement with the bus policy set out above.

Name of child (please print)

Name of 1st Parent/Guardian (please print)

Signature of 1st Parent/Guardian

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date



TOILETING POLICY – PRESCHOOL

Toileting is one of the first self-help skills children learn. It is the parents' responsibility to make sure their child is toilet trained before entering our program. We are aware that accidents do happen at such a young age, so please provide a complete change of clothing. If there is an accident we ensure the child is not placed in an embarrassing situation.

Starting school is an exciting time and new routines are being implemented, therefore your child may need extra support at this time. If your child needs a pull up for the first month of school the staff will support your child through this transition period.

I have read the above information and am in agreement with the toileting policy set out above.

Name of child (please print)

Name of 1st Parent/Guardian (please print)

Signature of 1st Parent/Guardian

Name of 2nd Parent/Guardian (please print)

Signature of 2nd Parent/Guardian

Date

