



The Mission of Cambridge Christian School is to provide a Christ-centred, high quality education, and to work in unison with the home and local church to nurture our students' intellectual, spiritual, social, emotional, and physical growth to prepare them for responsible service in the kingdom of God.



## Eagles' Nest Christian Preschool Registration Package

**Included in this package is information about our program and the required registration documents.**

### **Please complete and submit the following:**

- Registration Form (one per child applying)
- Legal Residency Form
- Pastoral Reference Letter
  - Please enclose or arrange to have it sent to the school
  - Not required for families currently enrolled in CCS
- CCS Statement of Faith Form
- Parent Commitment Agreement
  - After you have read the Doctrinal Statement and Purpose and Principle Guidelines
- Permission Form
- The Region of Waterloo Public Health Immunization Information Form
- A copy of any court order pertaining to your child(ren)
- Secure Access Fob Request
- Emergency Information Form
- Release Authorization Form (optional)
- Society Membership Form (optional)
- Legal Documentation
  - Please attach a copy of birth certificate, Canadian citizenship card, etc.
- A copy of your child's immunization dates

## **Philosophy**

- The Preschool classroom is an extension of the Christian home. In this environment we want to display the greatness, goodness, and glory of God. Parents and teachers have the opportunity, through word and deed, to show children the one true object of worship - the God of the Bible. The greatest delights our children can ever experience are found in knowing and pleasing the God who made them. Working to affirm these principles we will:
  - Provide a safe, nurturing space
  - Give attention to the child's thoughts and desires
  - Love and respect each individual
  - Stimulate curiosity
  - Give materials for play, mimicking, and gaining experience
  - Build listening and speaking skills
  - Model appropriate behaviour

## **Mission Statement**

The Mission of the Eagles' Nest Christian Preschool is to nurture a child's intellectual, spiritual, social, emotional, and physical growth to prepare them for responsible service in the kingdom of God by:

- providing the child with developmentally appropriate challenges through play
- focusing on the wonder, order and beauty of God's world
- modeling love and care for one another as image bearers of God
- providing consistent and clear discipline and guidance methods

## **Hours of Operation**

Preschool hours are from 8:30 a.m. – 11:30 a.m. 5 days a week, depending on registration numbers.

The Preschool will be closed for all statutory holidays and will operate from September to June. The Preschool will remain open when the elementary school is closed for Professional Development Days.

Please phone the Eagles' Nest Christian Preschool office (519-623-2333) if your child is going to be late or absent.

Parents wishing to apply for enrolment in the Eagles' Nest Christian Preschool should call the Cambridge Christian School Office at 519-623-2261.

## **Conditions for Admission**

- Minimum required age for admission is 31 months
- Children must be toilet-trained

## **Class Size**

There will be a maximum of 16 students per class. Our staff-to-child ratio, 1:8, is in keeping with the Day Nurseries Act. When 9 or more children are registered, a second ECE teacher must be hired.

## **About Your Preschool Teacher**

The teacher has a diploma in Early Childhood Education or equivalent qualifications, with two years' experience, and is approved by the Director under the *Day Nurseries Act*. The Teacher's Aide has a diploma in Early Childhood Education. All staff, volunteers, and students on work experience are required to submit to a Criminal Records Search.

## **Licensed and Inspected**

The Preschool is licensed by the Director under the Day Nurseries Act. It is inspected by the City of Cambridge Building Inspector, the Cambridge Fire Department, and the Region of Waterloo Public Health. The Preschool is operated by the Board of Directors of Cambridge Christian School.

## **Discipline and Guidance**

The Preschool teacher will treat each child with love and respect. Children need freedom to explore, interact with others, problem solve and learn through play. Unintentional mistakes will occur and the teacher will need to distinguish between them and willful disobedience. When a child purposely misbehaves, the teacher will address the negative feelings that led to the misbehavior and will encourage right attitudes. He/she will exhibit God's care by providing a safe environment and love for each child. Expectations for behavior will be consistent with the developmental level of the child. Speaking kindly to the child, the teacher will, if needed, redirect attention to other activities or remove the child to a quiet space to calm down and relax.

## **Things to remember**

- All fees must be paid prior to your child's first day in class
- Notify the Teacher of any changes to the original registration form
- The Teacher will sign each child in/out every day and will record absences
- Your child will receive a healthy snack which includes a drink such as apple juice, milk or water
- Your child needs one complete change of clothes and a pair of indoor shoes to be kept in his/her cubby
- All items must be clearly marked with your child's name. Eagles' Nest Christian Preschool is not responsible for any lost, damaged or stolen personal property.

## **Health and Safety**

Out of consideration for all of our children, we require that each child be well and healthy in order to attend our program. A parent will be called to take the child home if he/she displays signs of illness or a temperature above normal. When a child displays the following, parents are asked to make alternative care arrangements:

- Has a persistent fever of 38.8° C. or higher
- Has symptoms such as unexplainable rash, vomiting, diarrhea, chronic cough or pink eye
- Becomes ill at the school or displays new symptoms
- Is too ill to enjoy the activities

The Preschool must be contacted within 24 hours when your child contracts a communicable disease (chicken pox) or a parasite (lice). Other parents will be made aware of such a disease or parasite. Please speak to the Preschool teacher to learn when your child may return to class. He/she will be guided by the Exclusion Guidelines for Child Care Providers and Schools published by the Public Health Unit of Waterloo Region.

## **Medications**

First Aid will be provided without any form of medication. An attempt will be made to contact the child's parent/guardian or the alternative person (emergency contact) prior to any medical treatment by a medical professional.

Parents/guardians are encouraged to administer medication at home. The teacher will **only** administer medication at the written request of the parent and according to the doctor's orders as noted on the original pharmacist dispensed container. Non-prescription medication must be pre-approved in writing by your family doctor. The teacher will have blank forms available. All medication is kept in a locked box and any administration of it is promptly recorded.

Children who are taking medication orally may only return 24 hours after the start of the medication and when the child has not displayed any adverse reaction to the medication. Medication that is added to a container of liquid will not be administered by the teacher.

## **Special Needs**

Every effort will be made to accommodate children admitted into preschool who are identified after admission to require support. However, there may be situations where, despite best efforts, the class ratio may exceed recommendations and alternatives may need to be found.

## **Late Pick Up**

If a parent/guardian has not picked up a child or called by 12:00 p.m., the Preschool Teacher will try to contact the family and then the alternative person(s) from the Emergency Information Form. If that person is unavailable, and the parent has not contacted the Preschool Teacher by 12:30 p.m., he/she is required to notify the Family and Children's Services. A late fee of \$5.00 will be charged. If late pick-up is an ongoing problem and no reasonable effort has been made to solve it, then notice of termination of services may be given.

## **Unauthorized Pick Up**

If someone else will be picking up the child, the parent/guardian is required to notify the Preschool Teacher in writing. If the person picking up the child is not known to the Preschool Teacher, information about the person will need to be provided (name, phone number, physical description). If an unauthorized person arrives to pick up a child, the child will remain under the supervision of the Preschool Teacher. He/She will speak to the individual and explain the policy, that no child will be released without written authorization from the parent/guardian, and the Preschool Teacher will phone the parent/guardian. If difficulties arise, all reasonable efforts will be made to ensure the safety of the child and other children. If necessary, the police will be called for assistance.

## **Alleged Impaired Pick Up**

It is the teacher's responsibility, to the extent that it is possible, not to release a child to an authorized person who is unable to adequately care for a child. If the Preschool Teacher believes that a child will be at risk, he/she will offer to call a second contact to pick up the person and the child, or offer to call a cab to pick them up. If the person is driving a vehicle, the teacher will explain that driving while under the influence of drugs or alcohol is against the law and he/she is obligated to ensure the safety and well-being of the child. If the presumed impaired person chooses to get in the car with or without the child, the teacher will immediately notify the police and provide a description of the car and the geographic vicinity. If the teacher believes that the child is in need of protection, the teacher will call the Family and Children's Services (519-576-0540). The teacher will file an Internal Incident Report when alcohol/drug use is suspected.

### **Custody and Related Court Orders**

If a custody or court order exists, a copy of the order needs to be placed in the child's file. The guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the authorized pick-up list, the policy on authorized persons will be implemented. The guardian will provide all consents.

### **Financial Notes**

There is a \$50.00 non-refundable registration fee, per family, due at the time of registration. Tuition may be paid by post-dated cheques or by pre-authorized payment withdrawal.

Eagles' Nest Preschool will hold the parent/guardian responsible for all accounts payable to the CCS business Office. Any unpaid tuition from the previous month will result in care being suspended until payment in full has been received.

Please notify the CCS Treasurer if you know there will be a delay in payment.

If the parents/guardians decide to withdraw their child from the Eagles' Nest Christian Preschool, it is required that they give a minimum of one school month's notice of withdrawal from the Preschool. The parents/guardians will be charged one month's fee when due notice is not given. Please inform the CCS Treasurer by June 1 if your child is not returning to Eagles' Nest Christian Preschool in September. A charge for September fees will result if you fail to inform the CCS Business Office.



# Eagles' Nest Christian Preschool

## Registration Form

Full Legal Name of Child: \_\_\_\_\_  
First Middle Surname

Enrolment Date: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Child's usual first name: \_\_\_\_\_  Male  Female

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child lives with:  Parents  Mother  Father  Guardian  Foster Parent

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Day / Month / Year

Please enclose a copy of your child's birth certificate. If the place of birth is other than Canada, please attach a copy of Certification of Landed Immigrant Status or Citizenship.

Citizenship Status:  Canadian  Landed Language spoken at home: \_\_\_\_\_

Preschool Class Choice:  Monday a.m.  Tuesday a.m.  Wednesday a.m.  Thursday a.m.  Friday a.m.  
(Please check day[s] of the week that you would like your child to attend. Preschool will run when minimum enrolment has been reached).

### Parents or Guardians

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address and phone number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address if different from child's: \_\_\_\_\_

Mother: \_\_\_\_\_ Stay at Home Mom:  Yes  No

Employer: \_\_\_\_\_ Work Address and phone number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address if different from child's: \_\_\_\_\_

There is legal documentation in the case of disputed custody or restricted access by the non-custodial parent.  
 Yes  No

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Phone: \_\_\_\_\_

Siblings: \_\_\_\_\_



## Eagles' Nest Christian Preschool

### Legal Residency of Parent/Legal Guardian

This form is to be completed and signed by a parent or legal (court appointed) guardian.  
(If legal guardian, attach copy of court order appointing you as legal guardian.)

#### Lawfully Admitted into Canada

I am (please select one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
  - A landed immigrant (attach photocopy of landed immigrant status paper)
  - A student on authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - Other - document description (must be cleared with Immigration Canada)
- 
- 

#### Confirming Signature

Parent/Legal Guardian's Name **(please print)**

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Parent/Legal Guardian's **Signature**

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Date \_\_\_\_\_



## Pastoral Reference Form

229 Myers Road

Cambridge ON N1R 7H3

Telephone: 519-623-2261; Fax: 519-623-4042

Dear Pastor,

Your name was given as a reference by the family named below. The parents wish to enroll their child(ren) in the Eagles' Nest Christian Preschool. We would appreciate your cooperation in answering the following questions. This form may be faxed in confidence to the school office or mailed directly to CCS.

Thank you,

Mr. Scott Beda, Principal and COO

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Parents' Names: \_\_\_\_\_

Child(ren)'s Names: \_\_\_\_\_

1. How long have you known this family? \_\_\_\_\_

2. Has the family attended worship services regularly for the past year?  Yes  No

If NO please explain: \_\_\_\_\_

3. Is the family active in church ministries? i.e. Bible Studies, Leadership, Sunday School, Youth Group, etc.  Yes  No

Please elaborate: \_\_\_\_\_

4. As far as you know, is the family's lifestyle consistent with belief in Jesus Christ as Lord and Saviour?  Yes  No

Please elaborate: \_\_\_\_\_

5. Other comments:

\_\_\_\_\_

Church Name and Address: \_\_\_\_\_

Church Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pastor's Name (Please Print): \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Cambridge Christian School Statement of Faith Form

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## ARTICLE I - BASIS OF THE CORPORATION

1. The basis of the Corporation is the following confessions:
  - a. Bible: We believe the Bible to be the complete Word of God; that the sixty-six books, as originally written, comprising the Old and New Testaments, were verbally inspired by the Spirit of God and were entirely free from error; that the Bible is the final authority in all matters of faith and practice and the only true basis of Christian unity.
  - b. God: We believe in one God, Creator of all, holy, sovereign, eternal, existing in three equal Persons – the Father, the Son and the Holy Spirit. This only living and true God has revealed Himself in the Holy Scriptures.
  - c. Christ: We believe in the absolute and essential deity of Jesus Christ, His eternal existence with the Father in the preincarnate glory, His virgin birth, sinless life, substitutionary death, bodily resurrection, triumphant ascension, mediatorial ministry, and personal return.
  - d. The Holy Spirit: We believe in the absolute and essential deity and personality of the Holy Spirit, Who convicts of sin, of righteousness, and of judgment; and who regenerates, sanctifies, illuminates, and comforts those who believe in Jesus Christ. We believe in the Spirit-filled life, but reject that speaking in tongues is the evidence.
  - e. Man: We believe that man was divinely created in the image of God, that man in the Garden of Eden was tempted by Satan, the archenemy of God and His people; that man yielded to this temptation; that he by this sin became guilty before God, totally depraved, thereby incurring physical and spiritual death. We believe in doctrine of Creation as revealed in Genesis and other Scriptures and reject the theory of evolution.
  - f. Salvation: We believe that salvation is by the sovereign, electing grace of God; that by the appointment of the Father, Christ voluntarily suffered a vicarious expiatory and propitiatory death; that justification is by faith alone in the all-sufficient sacrifice and resurrection of the Lord Jesus Christ and that those whom God has effectually called shall be divinely preserved and finally perfected in the image of the Lord.
  - g. Christian Behaviour: We believe that for our moral or ethical life we must be guided by the Ten Commandments (Exodus 20) and all that the Lord has revealed in the Bible concerning morals.

## ARTICLE II - PURPOSE AND PRINCIPAL GUIDELINES

2. The purpose of the Corporation is to maintain a school for the daily instruction of our children. Such instruction is to be in accordance with the Basis of the Corporation as follows below and directed toward the end that these children may occupy their places worthily in society, church, and state.
3. God, in His infinite wisdom, has appointed the parents to be responsible for the training of the child(ren) to the end that God and His glory should be central and supreme in life's total experience.
4. Such training of the child(ren) shall be continued under the parents' responsible supervision in a school that carries out the basic God-honouring, Christ-centred programme begun in the home.
5. The school is not an ecclesiastical body, nor is it subject to any ecclesiastical organization. It is committed to the infallible Biblical world and life view. The education principles must be distinctively Biblical in emphasis and character.

**I / We agree with the basis, purpose, and principal guidelines of the  
Cambridge Christian School Society as stated in Articles 1 and 2 of Bylaw No. I**

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# Eagles' Nest Christian Preschool

## Parent/Guardian Agreement

**Please sign the following:**

I/We, \_\_\_\_\_, the legal parent(s)/guardian(s) of \_\_\_\_\_, declare that I/we have read, understood and agree with the doctrinal statement and the purpose and principle guidelines of the Cambridge Christian School Society Constitution. I/We also have read, understood and agree with the Eagles' Nest Christian Preschool policies and procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_



## Eagles' Nest Christian Preschool

### Permission Form for my child \_\_\_\_\_

1. I give my permission to have pictures and videos taken of my child in the program setting for general record keeping and publicity purposes.  Yes  No
2. On occasion, the Preschool receives a request from other professionals from the community to observe the program. We try to do this without disturbing the children's routine. Do you have any objections to having your child observed?  Yes  No
3. At times the teacher is invited to participate in a case management meeting or has to confer with other professionals about your child. Please check the person(s) with whom you will permit contact:  
  
 Physician       Public Health Nurse       Social Worker  
 Physiotherapist       Speech and Language Therapist       Human Resources Worker  
 Occupational Therapist       Supported Child Care Consultant
4. All information about you and your family which is provided to the Eagles' Nest Christian Preschool will be held in the strictest confidence by all involved in the programs within the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Name (please print): \_\_\_\_\_



Form  
A

**REGION OF WATERLOO PUBLIC HEALTH**

**Immunization Information Form  
for new registrants attending a child care centre in Waterloo Region**

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized as recommended by the Medical Officer of Health. In Waterloo Region this includes: **Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella and Haemophilus Influenza type B.**

Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

Child's <b>Last Name:</b>	Child's <b>First Name:</b>
Date of Birth: <div style="text-align: center; margin-top: 5px;">             _ _ / _ _ / _ _  <b>Year / Month / Day</b> </div>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Name of Parent/Guardian A:  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Name of Parent/Guardian B:  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Child's Primary Address:	
City:	Postal Code:
Home Phone: (     )     -     -     -     -	
Child Care Centre:	
School currently attending (if applicable):	
Please print the name of country where the immunization records are from:	

**Immunization History**

**Please attach two (2) photocopies of your child's immunization record including all immunizations given since birth.** One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the full publicly funded routine immunization schedule for children (up to four to six years) in Ontario. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider (e.g. family doctor) or contact Region of Waterloo Public Health at 519-575-4400 ext. 13007.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE OF PURPOSE – PERSONAL HEALTH INFORMATION

By completing this form you are consenting to the collection and use of your personal health information by Region of Waterloo Public Health to maintain the provincial immunization database. For further information please contact the Director of Central Resources at 519-575-4400.



## Eagles' Nest Christian Preschool

### Secure Access Fob Request

Please fill out your name and the one category which applies to you and attach \$50 for your fob.

There is a \$10 administration fee per fob. (Remember, if you lose your fob you will not get your \$40 back.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Categories:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Preschool Pass         | 8:00 AM - 12:00 PM, Monday to Friday |
| <input type="checkbox"/> School Day Pass        | 8:00 AM - 4:00 PM, Monday to Friday  |
| <input type="checkbox"/> After School Care Pass | 8:00 AM - 6:00PM, Monday to Friday   |

Deposit included: Y / N



**Eagles' Nest Christian Preschool**  
**Society Membership Application Form**  
**(optional)**

**Applicant Name:** \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Postal Code

Home Phone \_\_\_\_\_ Business \_\_\_\_\_

Email Address \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_  
Last First

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

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**Personal Reference:** Please indicate who will be your reference for this application. A reference can be your church pastor, a current Cambridge Christian School Society member or the CCS School Principal.

Reference Name: \_\_\_\_\_

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**I / We agree with the basis, purpose and principles of the  
Cambridge Christian School Society as stated in Articles 1 and 2 of Bylaw No. 1.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Membership Approval**

The above applicant(s) was/were approved as member(s) of the Cambridge Christian School Society by a resolution of the Board of Directors on:

Date: \_\_\_\_\_ Board Secretary Signature: \_\_\_\_\_



# Eagles' Nest Christian Preschool

## Emergency Information

The staff will not release your child to an unauthorized person unless written permission is obtained prior to the event. Please provide the school with at least two emergency contacts who are authorized to drop-off and pick-up your child. The staff has the right not to release a child to the person(s) listed, unless we feel he/she is capable of providing safe care.

### Emergency Contact:

1. \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone: \_\_\_\_\_

### Your Child's Health

*(Your child's immunization record must be included with the application before the application can be processed.)*

1. Does your child have any health concerns of which the staff should be made aware?  Yes  No

\_\_\_\_\_

2. Does he/she have any allergies? Explain:

\_\_\_\_\_

3. Does your child have an EpiPen?

\_\_\_\_\_

4. Does your child have any medications or puffers? Explain:

\_\_\_\_\_

(Please refer to Permission to Administer medication.)

5. Does your child have a visual or hearing impairment?  Yes  No

If yes, please explain:

\_\_\_\_\_

**Child's Health Card #** \_\_\_\_\_ **Family Doctor** \_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

**In the event that your child needs emergency medical attention, the teacher will attempt to contact you or your emergency contact person.** If the teacher fails to reach either one and your child has to be taken to an emergency clinic, we will do this by ambulance or taxi at your expense. We will continue to attempt to reach you or your emergency contact person. Please authorize us to take your child to an emergency clinic by signing the following statement:

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

authorize the staff at Eagles' Nest Preschool and/or Cambridge Christian School to take the child to an emergency clinic for medical attention when I or my emergency contact person cannot be reached.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

**Please give any special medical or additional information that could be helpful in an emergency.**

\_\_\_\_\_

## **Eagles' Nest Christian Preschool Immunization History**

Each child must have an immunization record that has been obtained before admission, and which must be updated from time to time thereafter as recommended by the local medical officer of health, unless exempted based upon the parent's or physician's written objection.

Please complete an **Immunization Information Form A** for **new registrants** or an **Immunization Update Form B** for children currently attending preschool. Please attach 2 photocopies of your child's immunization record (yellow card) showing the immunizations given since birth.

You may decide because of medical, religious or philosophical reasons not to immunize your child. In this case, you will need to provide a valid written exemption which is forwarded to the local public health unit. If the disease appears in the preschool classroom, your child may have to stay out of preschool until the disease is no longer present. The immunization exemption forms for Day Nurseries are available from the Preschool Supervisor.

**Please sign the following statement if your child is not immunized.**

I, \_\_\_\_\_, declare that my child, \_\_\_\_\_, is not immunized. I understand that, should there be a suspected or confirmed outbreak of a communicable disease, I may have to remove my child from Preschool until it is cleared by medical professionals.

\_\_\_\_\_  
(Parent/Guardian signature) Date \_\_\_\_\_





## Eagles' Nest Christian Preschool

### Release Authorization Form

(Other than Emergency Contact)

In the case of an emergency and the regular care giver cannot pick up your child, parents may telephone the school at 519-623-2333 or email the programme Supervisor with details of the person picking up your child.

Name of Child \_\_\_\_\_ Date/Time \_\_\_\_\_

Release to \_\_\_\_\_

Physical Description (hair colour, height, gender)

\_\_\_\_\_  
\_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preschool Staff Signature \_\_\_\_\_