



# Little Bear Registration Form

Dear Parents and Guardians,

Welcome to Little Bear International Preschool!

We are happy to inform you that your child has been accepted into our school. This packet contains important information to be filled out and returned to the office before your child's enrollment. Please read through the material and fill out the forms.

This packet will include:

1. **Registration form (please fill out and return)**
2. **Emergency Contact Form (please fill out and return)**
3. **Persons Permitted to Pick up my child (please fill out and return)**
4. **Medical Information (please fill out and return)**
5. **A Copy of a Recent Health Check (please fill out and return)**
6. **Waiver Form and Discipline Policy (please fill out and return)**
7. **Payment/Fees**
8. **Yearly Schedule**
9. **Handbook (on the first day of school)**

Please bring ①②③④⑤ and the fee total on the Payment/Fees page to the Little Bear Preschool Office.

Please read over the handbook and keep it for your reference.

Best Regards,

Little Bear International Preschool

**Please direct any inquiries that you may have to the manager Bryan Rock via email [littlebear23@gmail.com](mailto:littlebear23@gmail.com) or telephone 042-539-1222.**



# Little Bear Registration Form

## Registration Form

Today's Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Enrolled Program \_\_\_\_\_

### Student Information

Name \_\_\_\_\_  
(Last) (First) (Middle)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Sex: Male/ Female

Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

|               |  |                 |  |
|---------------|--|-----------------|--|
| Male Guardian |  | Female Guardian |  |
| Address       |  | Address         |  |
| Home Phone    |  | Home Phone      |  |
| Cell Phone    |  | Cell Phone      |  |
| Email         |  | Email           |  |



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## Emergency Contact

|               |               |
|---------------|---------------|
| Guardian Name | Guardian Name |
|               |               |
| Phone Number  | Phone Number  |
|               |               |
| Email         | Email         |
|               |               |
| Address       | Address       |
|               |               |

## Alternative Emergency Contact

|               |               |
|---------------|---------------|
| Guardian Name | Guardian Name |
|               |               |
| Phone Number  | Phone Number  |
|               |               |
| Email         | Email         |
|               |               |
| Address       | Address       |
|               |               |

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **only in the event** that neither parent/guardian can be reached in the case of an emergency.



# Little Bear Registration Form

Parent's/Guardian's \_\_\_\_\_ Date \_\_\_\_\_

## Persons Permitted to Pick Up My Child

| Name | Phone Number | Cell Number | Email |
|------|--------------|-------------|-------|
|      |              |             |       |
|      |              |             |       |
|      |              |             |       |
|      |              |             |       |

**Please keep contacts up to date and Inform the office if there are any changes to the contact information or if you would like to add a contact.**



# Little Bear Registration Form

| <b>Medical Information</b><br>Copy of Health Insurance Card And/Or Baby Health Card |
|---|
| Health Insurance Card Copy  |
| Baby Health Card Copy   |



# Little Bear Registration Form

| Primary physician | Name of the hospital | Phone Number |
|-------------------|----------------------|--------------|
|                   |                      |              |

| MEDICAL HISTORY CHART         |                       |                 |
|-------------------------------|-----------------------|-----------------|
| Date                          | Procedures/Treatments | Doctor/Hospital |
|                               |                       |                 |
|                               |                       |                 |
| Date                          | Procedures/Treatments | Doctor/Hospital |
|                               |                       |                 |
|                               |                       |                 |
|                               |                       |                 |
|                               |                       |                 |
|                               |                       |                 |
|                               |                       |                 |
| Record of you child illnesses |                       | Date YYYY/MM/DD |
| Measles                       |                       |                 |
| Mumps                         |                       |                 |
| Chicken Pox                   |                       |                 |
| Hand-foot-mouth disease       |                       |                 |
| Streptococcal infection       |                       |                 |
| Roseola (Baby measles)        |                       |                 |
|                               |                       |                 |
|                               |                       |                 |
|                               |                       |                 |
|                               |                       |                 |



# Little Bear Registration Form

## THE LITTLE BEAR INTERNATIONAL PRESCHOOL WAIVER FORM AND DISCIPLINE POLICY

We the undersigned authorize LITTLE BEAR INTERNATIONAL STAFF to take our child/children on out of class excursions i.e. Walks in the nearby neighborhood, playing in the parks and or any activity outside of Little Bear International Preschool. The Parent / Guardian agrees that LITTLE BEAR INTERNATIONAL shall not be liable for any personal injury or death resulting from any cause whatsoever and waives any claim with respect thereto.

Parent's Signature: \_\_\_\_\_

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

=====

The **LITTLE BEAR INTERNATIONAL PRESCHOOL Discipline Policy** reads as follows:  
Within every preschool setting appropriate guidelines must be set to ensure the safety and well being of all children. Our intent is to provide a positive approach to discipline. The learning process involves teaching children to resolve their difficulty in a positive manner and develop self control. We encourage positive and appropriate behavior in the classroom. There will be occasions where a child will be having trouble controlling his/her behavior and will interfere with another child's work or disrupt a group's activity. At this time the teacher will attempt to redirect his/her attention in a firm, kind and flexible manner, by offering choices of other activities and/or behavior. If the child continues to misbehave, a discussion between teacher and child to discuss appropriate behavior will occur. If the child does not respond positively to the choices offered, the teacher will separate the child from the other children to a table and chair. The child will remain there until he/she has settled and he/she feels ready to rejoin the group. If a child has significant problems cooperating with peers or teachers, his/her parents will be contacted and a mutually satisfactory approach will be agreed upon. It is important to respect children's feelings and to be sensitive to the child's emotional state. Some children may misbehave due to illness, being over tired, or some event happening at home. We as teachers need to know of any problems arising in your child's life, which will affect your child's performance.

Discipline Policy Read and Signed: \_\_\_\_\_

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



# Little Bear Registration Form

## Payment/Fees

| Enrolled Program       | Care Bear | Baby Bear | Big Bear | After/Extension |
|------------------------|-----------|-----------|----------|-----------------|
| Entrance Fee           |           |           |          |                 |
| Yearly Tuition         |           |           |          |                 |
| Yearly Maintenance Fee |           |           |          |                 |

| Monthly Payment |  |
|-----------------|--|
| ¥               |  |

### Tuition Due Date

Payments must be made by the 20th of the month, for the following month. (e.g. February's tuition is due by Jan. 20<sup>th</sup>)

### Leave of Absence/ Discontinuing Schooling

**When an extended leave of absence is needed**, please notify the school 3 weeks before the beginning of the leave. During the leave of absence, **1/2 of the regular tuition will be collected as a continuation fee**. If the school is notified **less than 3 weeks in advance**, the regular tuition will be collected in full.

When discontinuing schooling at Little Bear International Preschool, the school must be notified **1 month in advance**. If the notice is received less than 1 month prior to the last day of schooling, the tuition fee for the following month will be collected in full.

### Refunds

The Entrance Fee is non-refundable under any circumstance.

If the tuition has been paid yearly or by term, the remaining amount can be refunded, with a 1-month advance notice. The maintenance fee is paid annually and is non-refundable

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_





# Little Bear Registration Form

## Personal and Health Information

### Family and Social History

Marital Status of Parents: \_\_\_\_\_

Living Together: \_\_\_\_\_ Stepfather: \_\_\_\_\_ Stepmother: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_  
Does the child have his/her own room? \_\_\_\_\_ If not, With whom? \_\_\_\_\_

| Members of Household | Age | Relationship |
|----------------------|-----|--------------|
|                      |     |              |
|                      |     |              |
|                      |     |              |
|                      |     |              |
|                      |     |              |
|                      |     |              |
|                      |     |              |
|                      |     |              |
|                      |     |              |

Who has cared for the child other than the parents (state whether adults or children) \_\_\_\_\_

### Developmental History of Child

Age at which child: Began toilet training \_\_\_\_\_

Named simple objects \_\_\_\_\_

Repeated simple sentences \_\_\_\_\_

Does your child have any learning disability that you are aware of? \_\_\_\_\_

Is the child left or right-handed \_\_\_\_\_?

Word used for urination \_\_\_\_\_ Bowl movement \_\_\_\_\_

Does the child have any eating problems? \_\_\_\_\_ Is Family vegetarians \_\_\_\_\_