

Superintendent: E. Janzen

Principal: S. Burkinshaw

Preschool Director: P. Stobbe

Welcome to MEI. MEI is a place where all aspects of life — spiritual, intellectual, emotional, physical and social are nurtured and developed. We look forward to having you here!

PRIORITY CATEGORIES (in order by categories and subcategories):

- Category 1**
- Children in MEI Preschool's 3 year-old program applying for the 4 year-old program.
 - Siblings of preschool families currently enrolled in MEI Preschool.
- Category 2**
- Children of MEI Society church pastors, missionaries, or MEI staff.
 - Children with siblings presently enrolled at MEI.
 - Children whose parents are members of MEI Society churches.
 - Siblings of preschool alumni.
- Category 3**
- All other children.
- Please note: Children are required to be toilet trained before entering preschool.

REGISTRATION TIMELINE: Registration week, January 16 – 20

- During registration week, students will be accepted in order of priority category and then by the date and time of registration.
- Early Bird Registration:**
 - Monday, January 16 --- 7:00 – 8:30 am in the **MEI Elementary Gymnasium**.
 - Monday, January 16 --- 9:00 - 4:00 pm in the **MEI Elementary Office**.
- Preschool registrations will be accepted in the MEI Elementary office only from 8:00 am till 4:00 pm.
- After January 20, students will be accepted according to the date and time of registration, regardless of priority category.
- We are unable to accept registration forms before the specified time of registration.**

Registration will be considered valid when accompanied by the following:

- A completed and signed registration form.
- Registration fee of \$30 [**cheque or cash only**]
(Refundable only in the event we are unable to enroll your child and your child does not remain on the wait list.)
- A photocopy of your child's birth certificate **and** Care Card.
- MEI Preschool Immunization Record (A downloadable Immunization Record is available at the preschool web-site.)
- Emergency/Disaster Plan (Downloadable from the preschool web-site.)
- A 4x6 current photograph of your child only (please print your child's first and last names on the back.)
Photos may be e-mailed to mpeters@meisoc.com (Emailed photos preferred)

Note: The office requires a copy of any custodial agreements in effect. In absence of information, both parents will have access to the student and their records.

TUITION SCHEDULE	Note: Programs are offered subject to sufficient enrollment.	By Aug. 1/11	10 Installments
3 year olds, 2 Day Program (born in the year 2009)	Tuesday and Thursday mornings 8:40 – 11:10 a.m.	\$1175	\$120
4 year olds, 2 Day Program (born in the year 2008)	Tuesday and Thursday afternoons 12:15 – 2:45 p.m.	\$1025	\$105
4 year olds, 3 Day Program (born in the year 2008)	Monday, Wednesday and Friday mornings 8:40 – 11:10 a.m.	\$1325	\$135
4 year olds, 2 day Program (born in the year 2008)	Monday & Wednesday afternoons 12:15 – 2:45 pm	\$1025	\$105
4 year olds, 1 day Program (born in the year 2008)	Alternating Fridays, 2 Fridays each month * Friday afternoons 12:15 – 2:45 pm	\$225	\$25

*This program is available only for students registering in Monday/Wednesday or Tuesday/Thursday classes.

Tuition Policy:

Tuition payment is due September 1, 2012. If paying tuition in full, payments may be made by cheque, cash, VISA, Mastercard or Interac at the Finance Office which is located at the Secondary School. **For those paying in monthly installments, a pre-authorized debit form is available.** The registration fee is in addition to these amounts. One month's notice is required for withdrawal from the preschool.

Note: MEI Preschool is a separate entity owned & operated by MEI Society.

MEI Preschool does not provide tuition discounts to MEI Preschool children with siblings in MEI Schools.

Enrollment at MEI Preschool does not provide priority status for registration in MEI Elementary's Kindergarten program.

2012 - 2013 REGISTRATION



Preschool

31655 Downes Rd, Abbotsford, BC V4X 2M8
 Phone: 604-859-3700 Fax: 604-859-7599
 Website: www.meisoc.com

This box is for office use only.

Child's Name: _____

Surname
First Name
Middle Name

Name to be used on preschool name tags, if different from above: _____
Example: Jonathan to Jon; Nicole to Nicki

Hair Color: _____ Eye Color: _____

Male Female Birth Date: _____ Place of Birth _____

Month Day Year
Country
Province (if Canada)

Mailing Address: _____
Street

City
Province
Postal Code
() Home Phone

Parent E-mail: _____ Language spoken at home: _____

Father: _____ Mother: _____

Surname First Name
Surname First Name

Father's Cell Phone #: () _____ Mother's Cell Phone #: () _____

Father's Place of Employment _____ Work Phone: () _____

Mother's Place of Employment _____ Work Phone: () _____

Legal Guardian: _____ Work Phone: () _____
(If applicable)

Student resides with: Father & Mother Father* Mother* Legal Guardian* Joint Custody*
(at same residence)

**Is a court order in place concerning the care or custody of the student Yes No If yes, please attach a copy. In absence of information, both parents will have access to the student and student's records.*

Brothers and Sisters (Names, Boy or Girl, Birthdates; please indicate if any are enrolled at MEI):

Name	Boy/Girl	Birth date	At MEI	Name	Boy/Girl	Birth date	At MEI

Three Persons Authorized to Pick Up Your Child from Preschool

These persons must also be willing to be contacted if the parents / guardians are unable to be contacted in the event of an emergency or unexpected illness. They must live in the Abbotsford area and be readily available.

Name	Relationship to Child	Home Phone	Work / Cell Phone

Church Affiliation: _____ If this is an MEI Society church, please indicate whether one of the following is a member of the church: Parent Legal Guardian None

Brothers and Sisters previously enrolled in MEI Preschool (and year of enrollment): _____

Please list any physical restrictions, allergies, or health concerns of the student that the school should be aware of:

Mild Moderate Life Threatening What medication does the student require? _____

Doctor: _____ Phone: (____) _____ Care Card #: _____

List communicable diseases your child has had: Chicken Pox Mumps Measles Rubella
 (other) _____

Are there any indications that your child may have vision or hearing loss? No Yes _____

Has your child received services from the Child Development Centre? If yes, please describe.

Is there any other information that would be helpful for us to know e.g., behavior, speech, special diet?

Please indicate your preferences for your child's program. Note: we may not be able to accommodate all requests.

- 3 year old, Tuesday and Thursday **mornings** 4 year old, Tuesday and Thursday **afternoons**
 4 year old, Monday, Wednesday and Friday **mornings** 4 year old, Monday and Wednesday **afternoons**
 4 yr. olds, Friday **afternoons** (This program is available only to children registered in a 4 year old, 2 day a week preschool class.)

The MEI Preschool Phone Directory will be prepared and distributed to your child's preschool class only.
May we publish your phone number and address in the MEI Preschool Phone Directory? Yes No

How did you hear about MEI?

- Friend/Family Newspaper Church MEI Website HOME (Heart of MEI Experience)

Is the parent(s) an alumnus of MEI? If yes, what year(s) did you graduate? _____

Protecting Your Personal Information

MEI gathers and uses personal information to provide your child with the best educational services as outlined in our Mission Statement and core values. The personal information on this form is required in order to register your child at MEI and assist the school authority in making informed decisions on the suitability and appropriate placement of your child. This information will also allow MEI to respond immediately to an emergency. MEI commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent, unless permitted under the PIPA (Personal Information Privacy Act) legislation. MEI does not sell, lease or trade information about you to other parties. For more information on MEI's use, storage and disclosure of personal information, please contact the privacy officer for MEI Schools, Mr. Ernie Janzen, at 604-859-3700 Ext: 316.

Your signature:

- ◆ Confirms that all information given is accurate.
- ◆ Gives consent to call a medical practitioner or ambulance in case of accident or illness if the parent cannot immediately be reached.
- ◆ Confirms that you have read the tuition policy and take responsibility for your child's tuition obligations with MEI.
- ◆ Indicates your agreement to comply with MEI's learning objectives and behavioral expectations.
- ◆ Gives consent for your child to participate in all preschool field trips, including those on the MEI Campus.
- ◆ Acknowledges that photos of your child may be used by MEI for yearbooks, newsletters and other promotional materials.
- ◆ Gives consent to having MEI collect, use and disclose the personal information on this form as outlined above and defined in Policy 7620

PARENT / LEGAL GUARDIAN SIGNATURE

PARENT / LEGAL GUARDIAN NAME PRINTED

DATE

A **registration fee of \$30** is required to accompany all registrations, refundable only in the event we are unable to enroll your student and the student does not remain on the wait list. A current **photograph** of your child, the **MEI Preschool Immunization Record**, the **Emergency/Disaster Form** and copies of the student's **Birth Certificate** and **Care Card** are also required. A Tuition payment is due September 1, 2012.

For Office Use Only:

Date Received: _____

Registration Fee: _____

Birth Certificate

Care Card

Receipt #: _____ - _____

Photo of Child

MEI Preschool Immunization Record

Emergency/Disaster Plan

MEI Preschool --- IMMUNIZATION RECORD

Child's name: _____ Date of Birth: _____

RECOMMENDED IMMUNIZATIONS:

	DATE				DATE		
2 months of age – 1st set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate <input type="checkbox"/> Meningococcal C Conjugate	Y	M	D	12 months of age – 4th set of shots <input type="checkbox"/> Pneumococcal Conjugate <input type="checkbox"/> Measles, Mumps, Rubella (MMR) <input type="checkbox"/> Meningococcal C Conjugate <input type="checkbox"/> Varicella (chicken pox)	Y	M	D
4 months of age – 2nd set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate				18 months of age – 5th set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Measles, Mumps, Rubella (MMR)			
6 months of age – 3rd set of shots <input type="checkbox"/> Diphtheria, Pertussis, Tetanus, Polio <input type="checkbox"/> Haemophilus Influenza Type b (Hib) <input type="checkbox"/> Hepatitis B							

MEI Preschool Immunization Policy

Although immunizations are not required they are one of the most effective ways of preventing the spread of communicable diseases. We recommend that all children have their immunizations brought up to date prior to entry into our program and that the immunizations be kept up to date thereafter. Please update our files after each subsequent immunization.

Parents may choose to exempt their child from the immunization recommendations for personal, medical or religious reasons. If a parent has chosen to exempt their child from the scheduled immunization and an outbreak of the disease occurs, the child may be excused from preschool for the period deemed necessary by Public Health and / or MEI Preschool.

I have read the "Recommended Childhood Immunizations" and "MEI Preschool Immunization Policy." To the best of my knowledge my child's current immunization status is as indicated below:

Child's immunization status for the above recommended immunizations is:

Complete (child has all recommended immunizations)

Incomplete If incomplete or unknown immunization status:

If incomplete last immunization received _____

Exempt - We have chosen to exempt our child from the recommended immunizations.

Parent /Guardian's signature: _____ **Date:** _____



31655 Downes Road * Abbotsford, BC V4X 2M8

Name of Child: _____ Class: _____

EMERGENCY / DISASTER PLAN

EMERGENCIES:

**Always use the sign-in roster sheets near the front door.
It is used not only for attendance but for drills and in the event of an emergency.**

In case of a serious accident, the child will be transported by ambulance to the nearest hospital as follows:
Abbotsford Regional Hospital / 32900 Marshall Road / Abbotsford, BC / Ph: 604-851-4700
Parents will be contacted as soon as possible.

DISASTER / DISASTER SHELTER:

Fire and earthquake drills are included in the required school curriculum. Our method for evacuation is maintained on file in our Safety Binder and posted for emergency purposes.

In case of an earthquake, fire or other emergencies, your child will be kept with adults on the school grounds until you arrive. If authorities advise the school that the children be moved to another location, signs will be posted at or near the premises so that you may locate us. If communication becomes blocked, our information will be posted with the area Emergency Social Services (ESS) and Police Dept., as well as the "out-of-province emergency contact."

Important Phone Numbers in the event of Emergencies and Disasters:

In the event of a disaster --- tune in to the local radio stations CKNW (AM 980), Star FM (98.3) or PRAISE 106.5 (FM) for the "City Public Information Line" or the "Emergency Call Centre" in order to access the "Emergency Social Services Reception Centre."

OUT-OF-PROVINCE EMERGENCY CONTACT: In the event that local telephone lines are not in operation we will contact Bethany Bible College with any information that will assist MEI Preschool families with enquiries having to do with our evacuation site and the wellbeing of their children.

Contact person: Dan Guggenheimer **Phone:** (306) 947-2175 **Toll Free:** 1-866-772-2175
Fax: (306) 947-4229

MEI Preschool is equipped with food and water for all the preschool staff and children for up to 72 hours, as well as an Emergency Preparedness Kit. The staff of MEI Preschool are required to be trained in First Aid and CPR.

In the event of evacuation because of an emergency or disaster the children registered at MEI Preschool will be taken to the nearest disaster shelter, that being: MEI Elementary 31655 Downes Road, Abbotsford, BC Phone: (604) 859 - 3700
If the facilities at MEI Elementary are unstable then the preschool children and staff will evacuate to: Northview Community Church 32040 Downes Road, Abbotsford, BC Phone: (604) 853 - 2931

I have read the above, and understand that in the event of emergency/ disaster, MEI Preschool will choose the best possible alternatives. I show my agreement with the above possible plans by signing below.

Your Name: _____ Relationship to Child: _____

Your Signature: _____ Date: _____