



# REGISTRATION FORM

Shawnigan Lake Community Centre Childcare License #1381414

MM/DD/YY  
Date of Enrollment

## PERSONAL INFORMATION

CHILD'S NAME:

BIRTHDATE:  
(MM/DD/YY)

ADDRESS:

Male  Female

Licensing requires that a current photo of the child is included with registration – click to insert below

[insert photo]

PROGRAM ATTENDING:

Group Care

Preschool

Out of School Care

School Child Attends: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT / GUARDIAN:

Home Phone:

Work Phone:

Cell Phone:

Email:

Address:  
(if different from child)

Place of Employment:

PARENT / GUARDIAN:

Home Phone:

Work Phone:

Cell Phone:

Email:

Address:  
(if different from child)

Place of Employment:

### Other children in family:

Name:	Age:
Name:	Age:

Name:	Age:
Name:	Age:

Are there any custody agreements in effect?  No  Yes – please attach to this form

## EMERGENCY INFORMATION

PERSONAL HEALTH NUMBER:

CHILD'S MEDICAL DOCTOR:

PHONE #:

EMERGENCY CONTACT 1:

EMERGENCY CONTACT 2:

Relation to child:

Relation to child:

PHONE #:

PHONE #:

ALT PHONE #:

ALT PHONE #:

## AUTHORIZED PICK UPS

The people you list below are the **ONLY ONES authorized to pick up your child**, unless you notify us beforehand. Please do not include your own names below. The more names you list, the better (attach separate sheet if needed).

### Person(s) authorized to call or pick up your child:

Name:	Phone #:	Name:	Phone #:
Name:	Phone #:	Name:	Phone #:
Name:	Phone #:	Name:	Phone #:

## HEALTH HISTORY

What special considerations should we be aware of to better meet your child's needs?

1. Does your child have any known health problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:
2. Does your child have any allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:
3. Has your child had any recent illnesses that we need to be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:
4. List any communicable diseases that your child has had		
5. Are there any indications of disabilities which may require additional accommodations/support services? (Ex. hearing, vision, learning, physical, behavioural, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:
6. List any other health issues you feel we should be aware of		

## IMMUNIZATION RECORDS

<input type="checkbox"/> <b>My child is not immunized</b>  <i>Please read and sign below:</i>  I have chosen not to participate in the immunization program. I understand that should there be a suspected or real outbreak of any communicable disease, I will be required to remove my child from the Childcare Centre until it is deemed safe to return by a medical professional.	<input type="checkbox"/> <b>My child is immunized</b>  A copy of immunization records <b>MUST</b> be attached to this form – <i>click to insert below or attach separately.</i>          <div style="text-align: center;">[insert attachment]</div>
<hr/> <b>Parent/Guardian Signature</b>	<hr/> <b>Date</b>

## EMERGENCY CONSENT

I authorize the caregiver to obtain any of the following services for my child as necessary – Public Health Nurse, Physician and/or Ambulance in the event of an emergency. Any costs incurred for such services shall be sole responsibility of myself.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Caregiver's Signature**

\_\_\_\_\_  
**Date**

## POLICY AND PROCEDURES

Please read the following policy and procedures located in your Parent Handbook. Please sign below, indicating you understand and agree to the following:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Registration Policy            | <input type="checkbox"/> Sunscreen Policy  | <input type="checkbox"/> Photo Taking Policy   |
| <input type="checkbox"/> Enrollment/Waitlist Policy     | <input type="checkbox"/> <i>I do consent to having staff of the Childcare Centre assist my child with applying sunscreen</i>                     | <input type="checkbox"/> <i>I do consent to having my child photographed during this program</i>     |
| <input type="checkbox"/> Payment/Refund Policy          | <input type="checkbox"/> <i>I do not consent to having staff apply sunscreen, my child will be responsible for applying sunscreen themselves</i> | <input type="checkbox"/> <i>I do not consent to having my child photographed during this program</i> |
| <input type="checkbox"/> Arrival/Departure Policy       |  |  |
| <input type="checkbox"/> Washroom Policy                |  |  |
| <input type="checkbox"/> Allergy Policy                 |  |  |
| <input type="checkbox"/> Discipline and Guidance Policy |  |  |
| <input type="checkbox"/> Illness/Medication Policy      |  |  |
| <input type="checkbox"/> Snow Policy                    |  |  |
| <input type="checkbox"/> Peanut Aware Policy            |  |  |
| <input type="checkbox"/> Transportation Policy          |  |  |

*I have read all of the above policies and procedures and agree to support these policies while my child is attending the Shawnigan Lake Community Centre Childcare Program.*

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*If you have any questions or concerns regarding our policies and procedures, please contact the Childcare Coordinator to discuss further.*

## FIELD TRIPS

Our program occasionally goes on various out-trips; all parents will be notified of any such trip before the outing takes place. All transportation will take place on our 24-passenger bus with qualified staff that possess a Class 4 Driver's License. By signing below, you are consenting for your child to be transported by bus, to these various locations. I understand that my child will be participating in activities that may have a high risk, including the risk of physical injury, illness, loss of life, and property damage. I agree to release and hold harmless the Cowichan Valley Regional District and South Cowichan Recreation, its employees, officers, agents, affiliated community association, and volunteers, from any claims for injury, loss or damage that my child may sustain while participating, including claims of negligence.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**