

Out of School Care

M	D	YR
Date of Enrollment		



Registration Form-Shawnigan Lake Community Centre Childcare License #1381414

PERSONAL INFORMATION

CHILD'S NAME: _____ BIRTHDATE: _____ (MM/DD/YR) Male: Female:

ADDRESS: _____ School Child Attends: _____

_____ Teacher: _____

_____ Grade: _____

PARENT / GUARDIAN:	
Home Phone:	
Work Phone:	
Cell Phone:	
E-Mail Address:	
Place of Employment:	
Home Address: <i>(if different from child)</i>	

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Home Phone:	
Work Phone:	
Cell Phone:	
E-Mail Address:	
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Home Address: <i>(if different from child)</i>	

Name of other Children in Family:		Age:	
		Age:	

Name of other Children in Family:		Age:	
		Age:	

CUSTODY OF CHILD IS:

With the Mother: With the Father: Joint Custody: Other:

If there is currently a court order regarding custody of your child, what are the conditions (please attach documentation):

EMERGENCY INFORMATION

CARE CARD #:

CHILD'S MEDICAL DOCTOR:

PHONE #:

EMERGENCY CONTACT #1:	
Relation to Child:	
PHONE #:	
ALT PHONE #:	

EMERGENCY CONTACT #2:	
Relation to Child:	
PHONE #:	
ALT PHONE #:	

AUTHORIZED PICK UPS

Please note that 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. Person(s) authorized to call or pick-up your child (the more the better-attach separate sheet if needed):

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? (Check appropriate boxes)

1. Does your child have any known health problems? Yes: No: If yes, please explain:

2. Does your child have any allergies? Yes: No: If yes, please explain:

3. Has your child had any recent illnesses that we need to be aware of? Yes: No: If yes, please explain:

4. List any communicable diseases that your child has had:

5. Are there any indications of vision or hearing problems? Yes: No: If yes, please explain:

6. Please list any other health issues that you feel we should be aware of:

IMMUNIZATION RECORDS:

Is your child immunized? Yes: No:

If **YES**, a copy of immunization records **must** be attached to this application.

If **NO**, please sign the following statement:

I have chosen not to participate in the immunization program. I understand that should there be a Suspected/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.

<i>Parent/Guardian Signature</i>	<i>Date</i>

Licensing requires that all registration forms are returned with a current photo of the child.

Photo Attached

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.

<i>Date</i>	<i>Parent/Guardian Name</i>	<i>Parent/Guardian Signature</i>	<i>Caregiver's Signature</i>

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"/> Discipline Policy	<input type="checkbox"/> Sick Child Policy
<input type="checkbox"/> Arrival/Departure Policy	<input type="checkbox"/> Transportation Policy
<input type="checkbox"/> Peanut Aware Policy	<input type="checkbox"/> Snow Policy
<input type="checkbox"/> Medication Policy	<input type="checkbox"/> Billing Procedure
<input type="checkbox"/> Registration Policy	<input type="checkbox"/> Late Pick Up Policy

Photo Taking Policy

I **do consent** to having my child photographed

I **do not consent** to having my child photographed

Sunscreen Policy

I **do consent** to having staff of the Childcare Centre assist my child with applying sunscreen

I **do not consent** to having staff applying sunscreen, my child will be responsible for applying themselves

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

<i>Date</i>	<i>Parent/Guardian Name</i>	<i>Parent/Guardian Signature</i>

If you have any questions or concerns regarding our policies and procedures, please let the Childcare Coordinator know and she would be happy to discuss with you further.

FIELD TRIPS

The Childcare Centre goes on various out trips throughout the year, that vary in location and could include places such as the Nanaimo Aquatic Centre, Transfer Beach, the Bug Zoo, and Duncan Lanes. A full list of out trips will be included in the weekly/monthly calendar. 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. Some of the activities may involve risks associated with physical contact, contact with physical structures, or may require a higher level of athleticism, skill and knowledge. 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.

<i>Date</i>	<i>Parent/Guardian Name</i>	<i>Parent/Guardian Signature</i>

SWIMMING POLICY

- If the group is visiting a pool or beach for a planned swimming event, a lifeguard will accompany the group
- If the group is visiting a beach and no lifeguard is present, the children will not go in water deeper than their knees.
- When swimming at a beach, your child will be required to perform a swimming test facilitated by the lifeguard in order to go in water deeper than their waist.

Please indicate your child's swimming ability:

Strong Swimmer (deep water/pool)
 Capable Swimmer (up to shoulder/shallow end of big pool)
 Weak Swimmer (waist deep/shallow end of big pool)
 Non-Swimmer (shallow water/small pool only)

My child has completed Red Cross Swimming Level: My child requires a lifejacket: YES NO

Additional Comments: _____

Please sign below stating that you understand this policy and that you consent to your child swimming under these conditions.

<i>Date</i>	<i>Parent/Guardian Name</i>	<i>Parent/Guardian Signature</i>