

GROUP CARE

Registration Form-Shawnigan Lake Community Centre Childcare License #1381414

M	D	YR
Date of Enrollment		



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>	

PARENT / GUARDIAN:	
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>

PHOTO REQUIREMNT:

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"/>	Fees/Refund Policy	<input type="checkbox"/>	Health and Safety
<input type="checkbox"/>	Late Pick Up Policy	<input type="checkbox"/>	Medication Policy
<input type="checkbox"/>	Arrival/Departure Policy	<input type="checkbox"/>	Washroom Policy
<input type="checkbox"/>	Discipline and Guidance Policy	<input type="checkbox"/>	Allergy Policy
<input type="checkbox"/>	Sunscreen Policy	<input type="checkbox"/>	Snow Policy

Photo Taking Policy

<input type="checkbox"/>	<i>I do consent to having my child photographed</i>
<input type="checkbox"/>	<i>I do not consent to having my child photographed</i>

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

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Date

Parent/Guardian Name

Parent/Guardian Signature

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

Our Group Care occasionally goes on various out trips throughout the year, that vary in location and could include places such as the Library, Barberton Beach, the Mill Bay Dentist, and Providence Farm. All parents will be notified of any such trip, before the outing takes place. All transportation will take place on our 24 passenger bus 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.

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Date

Parent/Guardian Name

Parent/Guardian Signature

NAPPING INFORMATION

All Children are required to have a rest during the afternoon. Most children will have a nap during this time. Some parents may prefer their child did not sleep in which case we will provide quiet activities such as reading.

Would you like your child to sleep during this rest time? Yes No

Is there any information you would like to share regarding your child's sleeping/napping habits?
