



Welcome to The Village Infant and Toddler Centre **REGISTRATION PACKAGE**

FACILITY NAME: The Village Infant and Toddler Centre		
FULL NAME OF CHILD:		USUAL NAME OF CHILD <i>(if different)</i> :
PERSONAL INFORMATION		
CHILDS DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	STARTING DATE:
ADDRESS:		FACILITY USE ONLY WITHDRAWAL DATE:
POSTAL CODE:	TELEPHONE:	
PARENT OR GUARDIAN:		PARENT OR GUARDIAN:
ADDRESS <i>(if different from above)</i> :		ADDRESS <i>(if different from above)</i> :
TELEPHONE:		TELEPHONE:
OCCUPATION AND WORK ADDRESS / ALTERNATE LOCATION:		OCCUPATION AND WORK ADDRESS / ALTERNATE LOCATION:
TELEPHONE <i>(include local/extension)</i> :		TELEPHONE <i>(include local/extension)</i> :
CELL PHONE:		CELL PHONE:
EMERGENCY HEALTH INFORMATION		
CARE CARD NUMBER:		
FAMILY DOCTOR / CLINIC NAME:		DOCTOR / CLINIC TELEPHONE:

CONSENT FOR EMERGENCY CARE

I authorise the staff at the child care center to call a medical practitioners or ambulance / transport child to emergency medical care, in the case of accident or illness of my child(ren), if the parent cannot immediately be reached. Yes No

ALTERNATE PERSON(S) AUTHORISED TO PICK UP CHILD *(other than parent/guardian listed above, include emergency pickup)*

NAME:	RELATIONSHIP:	TELEPHONE:	AUTHORISED TO PICKUP:	AUTHORISED TO CALL IN AN EMERGENCY:
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PERSON(S) WHO ARE NOT PERMITTED ACCESS TO MY CHILD

NAME:	RELATIONSHIP:	TELEPHONE:

CUSTODY OR OTHER LEGAL ORDERS

Yes No If yes, supply a copy of the order to the Facility Manager / Licensee

CHILD'S IMMUNIZATION STATUS

Is your child up to date on immunization? Yes No Not immunized

Comments:

HEALTH INFORMATION *(attached a separate sheet if necessary)*

Regular medication(s) and reasons for *(please list)*

Allergies and treatment of *(please list)*

Injury(s), illness(es) or operations your child has had and include date(s)

- Please describe any concern(s) / issues regarding your child's health (seizures, asthma, vision, hearing etc)
- Please describe any concern(s) you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, mobility etc)
- Describe any specific care instruction regarding 1) and / or 2) above.

OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE

(eg. occupational therapist / physical therapist)

--

ANY OTHER INFORMATION WE SHOULD KNOW....

--

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

SIGNATURE:	PRINT NAME:	DATE:
------------	-------------	-------

CIRCLE THE CARE NEEDED

Full Time Care

(Mon-Fri)

Part Time Care

(Tues and Thurs)

OR

Part Time Care

(Mon, Wed, Fri)

FACILITY USE ONLY *(Facility has provided a copy of the following)*

Handbook	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------	-----	--------------------------	----	--------------------------

ADDITIONAL INFORMATION ABOUT YOUR CHILD (OPTIONAL)

GROUP EXPERIENCES	
WHAT IS/ARE YOUR CHILD'S FAVOURITE TOY(S) / ACTIVITIES?	
HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW DID THEY ADAPT?	
HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN? (eg. <i>Seeks others out, feels shy</i>)	
EMOTIONAL	
HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR UNFAMILIAR SITUATIONS?	
WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?	
FAMILY AND GENERAL HOUSEHOLD INFORMATION	
PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (eg. <i>Siblings, Grandparents, etc</i>)	
PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME	
PRIMARY LANGUAGE SPOKEN IN THE HOME	OTHER LANGUAGES
EATING AND NUTRITION	
LIST YOUR CHILD'S FAVOURITE FOOD	
LIST ANY DISLIKED FOOD	
PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS	
ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOOD:	

SLEEPING		
NAP TIME	HOW LONG TO SETTLE	TIME OF WAKING
BED TIME	HOW LONG TO SETTLE	TIME OF WAKING
<p>HAS YOUR CHILD TAKE A FAVORITE COMFORTER (eg. Blanket or Toy) TO BED?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE AND TELL US IF IT IS "NAMED"</p>		
<p>WHAT IS YOUR CHILD'S MOOD UPON WAKENING?</p>		
TOILETING		
<p>YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY <input type="checkbox"/></p>		
<p>DESCRIBE ASSISTANCE NEEDED FOR TOILETING</p>		
<p>WHAT "SPECIAL" WORD DOES YOUR CHILD USE FOR?</p>		
<p>URINATION</p> <p>_____</p>		<p>BOWEL MOVEMENTS</p> <p>_____</p>

PERMISSION FORM

NAME OF CHILD: _____

I give permission for my child to use all of the play equipment and to participate in all of the day care activities.

I give permission for my child to leave the day care premises under the supervision of staff members for neighborhood walks, walks to the park and to community outings. I understand that the outside play area is not fenced but blocked by temporary fencing and vehicles.

I give my permission for my child to be included in photos that are connected with the day care.

Please circle where you give permission to have photos used:

Website Newspaper Advertising Online Photo Album for Parents

I grant my permission for the staff members to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include:

- Contacting paramedics

- Taking the child to emergency

Any expenses incurred will be borne by the child's family.

The daycare will not assume responsibility for a child who has not been handed over to one of the teachers when he or she arrives for the day.

Signature (Parent or Legal Guardian): _____

Name (print): _____ Date: _____

FRASER HEALTH EMERGENCY CONSENT CARD



EMERGENCY CONSENT CARD

Name of Facility _____

Child's Name: _____
Surname First Name(s)

Birthdate: _____
Year / Month / Day

Address: _____

Gender of Child: _____

1. Parent's Name: _____ Child lives with: _____
 Work Phone: _____ Home Phone: _____

2. Parent's Name: _____
 Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

1. Allergies _____

2. Medications _____

Care Card #: _____

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

 Date

 Witness

 Signature of Parent/Guardian

Picture
 of Child

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
 2. I give consent for my child to receive medical treatment.
- It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

CONSENT FORM

FRASER HEALTH CHILD IMMUNIZATION STATUS DECLARATION

**Community Care Facilities Licensing
Child Immunization Status Declaration**



Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensees in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

_____ _____
Child's Name Date of Birth

Complete Immunization:

- Record on vaccinations attached
- Record on vaccinations unavailable

Received immunization in:

_____ _____ _____ _____
Year of last Vaccine City Province (if not in Canada, include Country)

Incomplete Immunization:

- My child has had some vaccinations
- My child has no vaccinations
- I do not know

_____ _____
Parent's/Guardian's Printed Name Date

Parent's/Guardian's Signatures

* I hereby acknowledge and understand that I am aware of the conditions stated in the policies of Sunny Town Learn and Play Child Care Parent Handbook and agree to abide by these requirements.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent's Name (print) _____

Parent's Signature: _____

Date: _____

Parent's Name (print) _____

Parent's Signature: _____

Date: _____

Thank you for your Partnership!
Sunny Town Learn and Play Child Care Centre

FOR OFFICE USE ONLY

Date: _____

Start date:	
Deposit fee:	\$
Monthly rate:	\$
Daily rate:	\$