

LEARNING STEPS DAYCARE

Registration Form

(Please complete both sides of this form for each child)

Date of Enrollment: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M ___ F ___
yy mm dd

Full name of Parent(s)/Guardian:

1. _____

2. _____

Address:

1. _____

2. _____

Telephone Numbers: HOME: 1. _____ WORK: 1. _____
2. _____ 2. _____

Place of work: 1. _____
2. _____

Care Card Number: _____ Family Doctor: _____

Phone Number: _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:

Name

Telephone Number

1. _____

2. _____

3. _____

4. _____

Names of other children in family: _____ Birthdate: _____

_____ (yy/mm/dd) _____

_____ (yy/mm/dd) _____

Has the child had previous experience away from home? NO YES If YES, explain:

Do you think your child feels comfortable leaving parents? NO YES If YES, explain:

Special instructions concerning Care, Medication, Diet, or **Custody**:

NO YES **ATTACH DOCUMENTATION**

HEALTH HISTORY

Has this child any known health problems or depressed immune system?

NO YES - If YES, attach documentation.

List communicable diseases child has had: _____

Has he/she had any recent illness? NO YES - If YES: _____

Any allergies? NO YES - If YES, list ALLERGENS: _____

Attach special instructions to follow in the event of an allergic reaction.

What are the child's eating habits? _____

Favorite foods: _____

Strong dislikes: _____

**Basic Schedule and Record of Immunization as submitted by Parent or Guardian
(ATTACH IMMUNIZATION RECORD OR RECORD THE DATES)**

	Date (yy/mm/dd)		Date (yy/mm/dd)
1 st visit – 2 months of age:		4 th visit – 12 months of age:	
<input type="checkbox"/> Diphtheria	_____	<input type="checkbox"/> Measles	_____
<input type="checkbox"/> Pertussis	_____	<input type="checkbox"/> Mumps	_____
<input type="checkbox"/> Tetanus	_____	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Polio	_____	<input type="checkbox"/> Meningococcal C	_____
<input type="checkbox"/> Haemophilus Influenzae Type b (Hib)	_____	5 th visit – 12 months after 3 rd visit:	
<input type="checkbox"/> Hepatitis B	_____	<input type="checkbox"/> Diphtheria	_____
<input type="checkbox"/> Pneumococcal	_____	<input type="checkbox"/> Pertussis	_____
2 nd visit – 2 months after 1 st visit:		<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Diphtheria	_____	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Pertussis	_____	<input type="checkbox"/> Haemophilus Influenzae Type b (Hib)	_____
<input type="checkbox"/> Tetanus	_____	<input type="checkbox"/> Measles, Mumps, Rubella	_____
<input type="checkbox"/> Polio	_____	<input type="checkbox"/> Pneumococcal	_____
<input type="checkbox"/> Haemophilus Influenzae Type b (Hib)	_____	4 – 6 years of age:	
<input type="checkbox"/> Hepatitis B	_____	<input type="checkbox"/> Diphtheria	_____
<input type="checkbox"/> Pneumococcal	_____	<input type="checkbox"/> Pertussis	_____
3 rd visit – 2 months after 2 nd visit:		<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Diphtheria	_____	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Pertussis	_____	Other Immunizations:	
<input type="checkbox"/> Tetanus	_____	_____	_____
<input type="checkbox"/> Polio	_____	_____	_____
<input type="checkbox"/> Haemophilus Influenzae Type b (Hib)	_____	_____	_____
<input type="checkbox"/> Hepatitis B	_____	_____	_____
<input type="checkbox"/> Pneumococcal	_____	_____	_____

I authorize the child care provider to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.

Date

Signature of Parent/Guardian

Signature of Child Care Provider

PARENTS AGREEMENT

In consideration of the premises, covenants and agreement herein, the parent(s) or guardian (herein called the “parent(s)”) and the centre agree as follows:

1. The parent(s) warrant that the information contained in the foregoing registration form is true and accurate and confirm that such forms part of the agreement.
2. Parents agree to pay advance registration/waiting list fee – Parents can confirm the seats by paying 20% of the month’s fee in advance. This will ensure the child’s enrolment to the program. This fee is non-refundable. Fees to be paid by 5th of every month. Late fee fine of a dollar a day will be charged if fees paid after the due date. Failure to pay the monthly fees will result in withdrawal of services after giving a month’s notice.
3. Parent(s) authorize the administration of certain medication and drugs as have been prescribed by a physician in the manner and under the circumstances previously described.
4. Parent(s) authorize the centre to take any steps necessary and are as reasonably required to ensure the health, safety and well-being of the child, including the call of the medical doctor or other health care person, or sending of the child to a hospital .The centre will make all reasonable efforts to contact the parents before taking such steps.
5. Parent(s) authorize the physician or other health care person in charge called or referred to, to take any steps necessary and as are reasonably required, to ensure the health, safety and well-being of the child.
6. Parent(s) understand that the centre is not allowed to accept any child who is visibly ill or has any communicable diseases.
7. Parent(s) will provide an emergency supply kit for their child, to be kept at the centre for the duration of their time there.
8. Parent(s) give permission to take photographs of the child to be displayed on bulletin board, social media, brochures, and Centre’s website and scrapbooks.
9. Parent(s) will sign their children In/Out of the centre and will notify if the children will be absent for the day.
10. Parent(s) understand that the licensee is not legally allowed to release the child to anyone not authorized on the registration form and agree to a written and signed notice beforehand if someone new is picking up the child. This person will need to bring an ID.
11. Parent(s) will arrange to pick up the child by 5pm.
12. Parent(s) agrees to give a month’s notice for the withdrawal of the child for any reason. If the parent(s) intends to withdraw the child before completing the month, full month’s payment will be charged.
13. Parent(s) understand that if the child consciously and constantly creates a situation that threatens the ability of the licensee to perform duties or ability of fellow peers to interact in a safe and secure environment, the child may be asked to leave the centre at any time during that year.
14. Parent(s) waive all claim against the centre in excess of public liability insurance carried by the centre, in case of injury to child while in the care, custody or control of the centre.

Dated at the municipality of Coquitlam, in the province of British Columbia, the _____ day of _____ 20
Signed/Agreed

Father

Mother