

ABC Christian Child Care Center
REGISTRATION FORM – ATTACH PHOTO OF CHILD

Child's Name (Last, First, middle) _____

Name child responds to: _____

Date of Birth: _____ Male Female

Date of Enrollment: _____ Date of Withdrawal: _____

First Day of Attendance: _____

Parent/ Guardian Info

(1) Full Name of Parent/Guardian: _____

Home Address: _____

Place of Work: _____ Hours of Work: _____

Home Phone number: _____ Work phone number: _____

Cell Phone: _____ Email Address: _____

(2) Full Name of Parent/Guardian: _____

Home Address: _____

Place of Work: _____ Hours of Work: _____

Home Phone number: _____ Work phone number: _____

Cell Phone: _____ Email Address: _____

Medical Information

Family Doctor: _____ Phone number: _____

Care Card Number: _____

If a parent or guardian cannot be reached person(s) to be notified in case of an emergency:

(1) Name: _____ relationship to child _____

Home Phone: _____ Work Phone: _____ cell: _____

(2) Name: _____ relationship to child _____

Home Phone: _____ Work Phone: _____ cell: _____

Persons authorized to pick up your child

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons not permitted access to child

Name _____ Phone number _____

Name _____ Phone number _____

Are there custody orders? Yes No *IF YES, ATTACH DOCUMENTATION*

Other Info

Other children living at home

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Has your child had experience away from home? (Daycare, preschool, Sunday school etc) yes

If yes, explain: _____ no

Do you think your child feels comfortable leaving parents? Yes No

Explain: _____

What is your child's eating habits? _____
Favourite foods: _____
Strong dislikes: _____

Health History

Has your child any known health problems or medical disabilities yes no please explain below and attach documentation if necessary.

List communicable diseases your child has had: _____

Does your child wear any medical or dental appliance such as eye glasses, braces, hearing aids, etc.? Please list and explain their use: _____

Has your child any allergies: yes no
If yes, list allergens: _____

If yes, attach special instructions to follow in the event of an allergic reaction.

Does your child require a prescription medication to be administered while he/she is at school?
Yes No
If yes please specify: _____

If yes a medication release form must be completed by the parent/guardian and the child's medication in the original container must be provided by the parent/guardian in order for staff to administer medication.

**Basic Schedule and Record of Immunization as submitted by Parent or Guardian
ATTACH IMMUNIZATION RECORD OR RECORD THE DATES AND
IMMUNIZATIONS RECEIVED**

	DATE (YY/MM/DD)		DATE (YY/MM/DD)
1st visit – 2 months of age Date: _____ <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Haemophilus Influenza Type B <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate <input type="checkbox"/> Meningococcal C Conjugate		Fourth visit – 12 months of age Date: _____ <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Meningococcal C Conjugate <input type="checkbox"/> Varicella (chicken pox)	
2nd visit – two months after 1st Date: _____ <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Haemophilus Influenza Type B <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate		5TH Visit – 12 months after 3rd visit Date: _____ <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Haemophilus Influenza Type B <input type="checkbox"/> Measles, Mumps, Rubella <input type="checkbox"/> Pneumococcal Conjugate	
3rd visit – two months after 2nd visit Date: _____ <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Haemophilus Influenza Type B <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate		4-6 years of age: Date: _____ <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (chicken pox)	
		Other Immunizations _____ Date: _____ _____ Date: _____ _____ Date: _____	

BY MY SIGNATURE I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTICIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

CAREGIVER SIGNATURE: _____

DATE: _____

Pick Up Permission Form

Licensing Regulations state that we may not release a child into someone's care unless we have WRITTEN permission. This means that a phone call or verbal affirmation will not do. Please PRINT CLEARLY when filling out this form. It is your responsibility to keep this information accurate and up-to-date:

I, _____ give the following people

Permission to pick up my child _____.

HOME PHONE NUMBER: _____ CELL: _____

Name

Phone #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed _____ Date _____

CHILD: _____

PERMISSION FORMS

Date: _____

Child: _____

FIELD TRIPS

At ABC we may go on spontaneous short field trips such as a walk around the block or a visit to the park. These activities provide a stimulating program for your child and we wish to obtain your support and consent.

Parent Signature: _____

PICTURE TAKING

Often times we take pictures of the children in our programs to send home or to display here are ABC. These pictures ARE NOT used for advertising purposes.

I give my permission to take pictures of my child: _____

I DO NOT give my permission to take pictures of my child: _____

Parent Signature: _____

SUNSCREEN

I hereby give the staff at ABC CHRISTIAN CHILD CARE CENTER my consent to apply the sunscreen that I send to daycare with them, at their discretion as appropriate, desirable or necessary.

Parent Signature: _____

Dear Parents,

Occasionally pictures are taken of the center to promote or advertise our programs. We must obtain your consent before any pictures of your child may be used for these purposes. Please indicate your preference below.

I give permission for ABC to use pictures of my child for the newspaper

I give permission for ABC to use pictures of my child on the ABC website.

I **DO NOT** give permission for ABC to use pictures of my child in the newspaper.

I **DO NOT** give permission for ABC to use pictures of my child on their website.

Childs Name _____

Parent Signature: _____

Date: _____

ABC Christian Child Care Center Center/Parent Contract

The purpose of this agreement is to provide ABC and Parent/Guardians with a binding agreement with regards to payment of Fees. This agreement is necessary to protect the financial stability of the Center in that it assures ABC you agree to the terms laid out in order to secure a space for your child.

AGREEMENT

I agree to:

- Pay a \$20 non-refundable registration fee.
- Provide 6 months post-dated cheques, dated for the first of each month, for the amount of my child's tuition.
- Pay monthly tuition in full, with no deduction for absence, with the exception of two weeks holiday per calendar year.
- Provide a \$50 fundraising deposit (post-dated cheque) that will be returned to you if you participate in ABC's tag day.
- Provide ABC with two weeks written notice when my child is being withdrawn or pay two weeks tuition in lieu of notice.
- Become familiar with ABC's fiscal Policy and Parent Handbook.
- ABC reserves the right to terminate care, without notice or refund in cases where a child poses a threat to the safety or well being of themselves, other children or staff while in care.

For Applicants/Recipients of MCFD Child Care Subsidy

In addition to the above listed terms, I agree to:

- Provide a current Child Care Subsidy authorization number before my child attends the Daycare Center
- Be responsible to pay any fees not covered by Subsidy (ie: parent portion, days missed for reasons other than illness of child or parent) within 14 days of billing by ABC.
- Personally pay fees if Subsidy is cancelled or not renewed by MCFD Child Care Subsidy

ABC Christian Child Care Center will be closed the following days:

New Years Day	Good Friday	Easter Monday
Victoria Day	BC Day	Canada Day
Labour Day	Thanksgiving	Remembrance Day

The week of Christmas (ABC will post a notice as the dates vary each year)

I understand that:

The monthly fees are set by the Board of Directors and reviewed annually. I am responsible to pay the full monthly fee and if I receive a Subsidy, any difference between MCFD Child Care Subsidy and ABC's monthly fee. If my child is absent for any reason (other than a two week vacation per year) the monthly fees still apply. _____ initial

I understand that: Priority for space is given to Full-Time Daycare. This means that if my child is attending Preschool in a Daycare space or my child is registered in part time daycare I may be asked to switch days if a full-time child needs that spot. I will be given the option to switch to full-time if no part time days are available. If I do not wish to switch days or take the full-time spot my child will lose their spot. ABC will provide two weeks notice to the parent in these instances. _____ initial

Child's name _____ \$20 Reg. Fee Paid Y or N

Days Registered _____

Fee Amount _____ Date: _____

Parent Signature _____

Supervisor or Administrator signature _____

