

PLEASE PRINT CLEARLY

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## REGISTRATION FORM

CHILDCARE CENTRE	CHILDCARE PROGRAM
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### CHILD'S INFORMATION

Child's Surname	Child's First Name			
Child prefers to be called:				
Address	City	Postal Code	Home Phone	Work Phone
Birth Date: _____ year / month / day		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

### PARENT / GUARDIAN #1

Surname	First Name		Email address	
Address	City	Postal Code	Home Phone	Work Phone
Employer	Relation to child			

### PARENT / GUARDIAN #2

Surname	First Name		Email Address	
Address	City	Postal Code	Home Phone	Work Phone
Employer	Relation to child			

### HOW DID YOU HEAR ABOUT OUR YMCA-YWCA CHILD CARE?

Brochure   
  Friends   
  School   
  Other (please specify): \_\_\_\_\_  
 \_\_\_\_\_

### OFFICE USE ONLY

	START DATE	CURRENT MONTHLY FEE
	year                      month                      day	

### Received (note date):

- |  |   |
|--|---|
| <input type="checkbox"/> Complete Registration Package _____ | <input type="checkbox"/> \$100 Non-refundable Deposit _____       |
| <input type="checkbox"/> 3 current photos _____              | <input type="checkbox"/> Earthquake Comfort Kit _____             |
| <input type="checkbox"/> Complete Emergency Card _____       | <input type="checkbox"/> Pre-Authorized Payment Information _____ |

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## AUTHORIZED PICK UP LIST

Child's Surname	Child's First Name
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## AUTHORIZATION

I AUTHORIZE THE FOLLOWING PEOPLE (IN ADDITION TO PARENT / GUARDIAN 1 AND 2) TO PICK UP MY CHILD AND / OR TO BE CONTACTED IN CASE OF EMERGENCY:

### CONTACT 1

Surname	First Name			
Address	City	Postal Code	Home Phone	Work Phone
Relationship to child:				

### CONTACT 2

Surname	First Name			
Address	City	Postal Code	Home Phone	Work Phone
Relationship to child:				

### CONTACT 3

Surname	First Name			
Address	City	Postal Code	Home Phone	Work Phone
Relationship to child:				

## PLEASE INDICATE PERSON (S) TO WHOM WE MAY NOT RELEASE YOUR CHILD (NAME AND DESCRIPTION)

Surname	First Name
Description:	

Surname	First Name
Description:	

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CHILD'S PERSONAL INFORMATION**

Child's Surname	Child's First Name
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**CHILD LIVES WITH:**

Both parents  
  Mother  
  Father  
  Guardian

Other siblings in home?  
  Yes  
  No

Other adults in home?  
  Yes  
  No  
 If so, please include name (s)

Surname	First Name
_____	_____
Surname	First Name
_____	_____

**IF THERE IS A CUSTODY AGREEMENT:**

Is there a copy of it attached?  
 Yes  
 No

Please provide details:

\_\_\_\_\_

\_\_\_\_\_

**IF YOU HAVE JOINT CUSTODY, PLEASE SPECIFY ARRANGEMENTS TO PICK UP CHILD:**

\_\_\_\_\_

\_\_\_\_\_

**IF YOU DO NOT HAVE A LEGAL CUSTODY AGREEMENT BUT HAVE AN INFORMAL SEPARATION AGREEMENT PLEASE GIVE SPECIFICS:**

\_\_\_\_\_

\_\_\_\_\_

**LANGUAGE INFORMATION:**

Country of family origin (answer optional):

Child's first language	Child's second language
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Languages spoken at home

Are there any cultural festivals you celebrate in your home?

**ENGLISH SPEAKING CONTACT (IF APPLICABLE):**

Name	Relationship to child
Home Phone	Work Phone

## CHILD'S HEALTH INFORMATION

Surname	First Name
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### BC CARE CARD PERSONAL HEALTH NUMBER

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**IMMUNIZATION RECORDS:** The **Child Care** Licensing Board requires that we have immunization records for each child in our program. Please enter the dates of immunization in the assigned space, or submit a copy of the immunization records.  
*PENTA; Combines Pertussis, Diphtheria, Tetanus, Polio, Haemophilis Influenza B in one dose.*

Date/Age	Date/Age	Date/Age	Date/Age
PENTA or DTP	_____	Measles	_____
PENTA or DTP	_____	Mumps	_____
PENTA or DTP	_____	Rubella	_____
PENTA or DTP	_____	Hepatitis B	_____
DTP	_____	TB	_____
Other	_____		

I have chosen not to immunize my child.      **Signature:** \_\_\_\_\_

My child's immunizations are *not* up-to-date.      **Signature:** \_\_\_\_\_

### FAMILY DOCTOR:

Name	Phone
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### FAMILY DENTIST:

Name	Phone
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### DOES YOUR CHILD HAVE ANY ALLERGIES?

Yes       No

Specific instructions: \_\_\_\_\_

\_\_\_\_\_

### DOES YOUR CHILD HAVE ANY HEALTH OR MEDICAL ISSUES SUCH AS?

Special medications     
  Vision     
  Hearing     
  Speech / language     
  Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OTHER HEALTH PROFESSIONALS INVOLVED WITH YOUR CHILD:

Name	Phone
Name	Phone

### PERMISSION TO ADMINISTER SUNSCREEN:

I \_\_\_\_\_ (parent/guardian) give the YMCA-YWCA of Greater Victoria Child Care Staff permission to apply sunscreen to \_\_\_\_\_ (child) on an as-needed basis.

If sunscreen is not provided by the family, the staff will administer Ombrelle Kids SPF 45 sunscreen. The active ingredients are PARSOL 1789 MEXORYLSEX.

**Parent / Guardian Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

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## PARENT PERMISSIONS

<b>Child's Surname</b>	<b>Child's First Name</b>
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**OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:**

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**IMAGE RELEASE:**

I \_\_\_\_\_ (parent/guardian) give my permission for video, photo and digital images of my child taken during the program for in-house purposes within the YMCA-YWCA of Greater Victoria. I understand that the name of my child will not be published without my express written permission.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIPS:**

I \_\_\_\_\_ (parent/guardian) give my permission for my child to accompany child care staff on short neighbourhood trips (i.e. library, local park). I understand all excursions will be carefully pre-planned and adequately supervised. I understand that I will be informed of field trips that require public transportation and/or taking place outside the immediate neighbourhood of the child care centre.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT COMMITMENT:**

I have received and read the Parent Handbook. I accept and agree to abide by the policies as stated.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT CONSENT:**

In permitting my child to attend YMCA-YWCA Child Care, I, the undersigned, permit my child to participate in the full range of child care activities and authorize the Manager or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the YMCA-YWCA is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the YMCA-YWCA of Greater Victoria.; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the YMCA- YWCA of Greater Victoria Child Care programs.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRIVACY POLICY

At the YMCA-YWCA of Greater Victoria, your privacy is, and always has been, very important to us. We are dedicated to providing you with superior service while protecting your privacy and safeguarding your personal information by following responsible information handling practices in keeping with privacy laws.