

| REGISTRATION FORM | |
|---|------------------------------|
| Date of enrolment: | Date ended: |
| Child's Name: | Gender (Circle): Male Female |
| Date of Birth: | Current Age: |
| 1. Siblings Name & Age: | 2. Siblings Name & Age: |
| Immunized (Circe): Yes No | If no, then why? |
| Parent/Guardian #1 Contact Details: | Name: |
| Home Phone: | Cell Phone: |
| Place of Work: | Work Phone: |
| Email Address: | |
| Home Address: | |
| Parent/Guardian #2 Contact Details: | Name: |
| Home Phone: | Cell Phone: |
| Place of Work: | Work Phone: |
| Email Address: | |
| Home Address (if different to Mother's): | |
| Is there a custody agreement we need to be aware of? | (Circle) Yes No |
| Is there an order of restraint against either parent? | (Circle) Yes No |
| Medical Details: | |
| Medical Insurance #: | Doctor: |
| Doctor's Address: | Doctors Phone: |
| Illness or Disability: | |
| Allergies: | |
| Emergency Medication: | |
| Emergency Contacts (other than the Parents): | |
| 1. Name: | Relationship: |
| Home Phone: | Cell Phone: |
| 2. Name: | Relationship: |
| Home Phone: | Cell Phone: |



| REGISTRATION CHECKLIST | | SIGN OFF | |
|--|--------|----------|--|
| | PARENT | MANAGER | |
| Child's Name: | | | |
| | | | |
| The following documents have been completed, signed (if applicable) & returned to the Mana | ager: | | |
| Registration From | | | |
| Registration Checklist (this document) | | | |
| "All about me" | | | |
| Consent Form | | | |
| Signature Page of Daycare Policies and Procedures | | | |
| Subsidy Form (if applicable) | | | |
| | | | |
| The following have been provided to the Manager: | | | |
| Membership Fee | | | |
| • 2 x Printed Colour Photo of Child | | | |
| Copy of Birth Certificate | | | |
| Copy of Immunization Records (if applicable) | | | |
| Copy of Custody Agreement (if applicable) | | | |
| Copy of Order of Restraint (if applicable) | | | |
| | | | |
| The following has been completed: | | | |
| • 2 x 1.5 hr parent attended orientation sessions | | | |
| | | | |

By signing below, you are confirming that all of the required documentation has been received and orientation completed for the above named child, and they can now attend the Daycare.

| Parent/Guardian #1 | | | | |
|---------------------------------------|-------------|--------|--------|--|
| · · · · · · · · · · · · · · · · · · · | | (Name) | | |
| | (Signature) | | (Date) | |
| Parent/Guardian #2 | | | | |
| | | (Name) | | |
| | (Signature) | | (Date) | |
| Daycare Manager | | | | |
| | | (Name) | | |
| | (Signature) | | (Date) | |



ALL ABOUT ME

Child's name

What name do you call your child by?

Describe a typical day for your child

What foods does your child like to eat?

What foods doesn't your child like to eat?

Is your child potty trained?

What name does your child use to indicate they need to use the toilet?

Will your child need a nap during the day?



How do you currently help your child to fall asleep or to settle when they are upset or tired?

What are your child's favorite things?

What are your child's fears?

Please tell us anything else you think we should know about your child to make the transition to daycare easier

| Parent/Guardian #1 | | | | |
|--------------------|-------------|--------|--------|--|
| | | (Name) | | |
| | (Signature) | | (Date) | |
| Parent/Guardian #2 | | | | |
| | | (Name) | | |
| | (Signature) | | (Date) | |
| Daycare Manager | | | | |
| | | (Name) | | |
| | (Signature) | | (Date) | |
| | | | | |



| CONSENT FORM | - | RDIAN INTIALS |
|--|-------------------|-------------------|
| Child's Name: | CONSENT | <u>NO</u> CONSENT |
| Date: | | |
| PAGE 1 OF 2 | | |
| Daily Field Trip Consent | | |
| Daily outings may include: | | |
| James White Park Rotary Park | | |
| Splash Park Duck Pond | | |
| Library Rocky Mountain Village IDES School Ground All other field trips will require specified | fic consent (Sen | arate Form) |
| | | |
| Photo/ Video Consent | | |
| We sometimes take photos of the children on staff cell phones for the following purposes | : | |
| Display in our DaycareNewspapers | | |
| FCCS Facebook Page | | |
| FCCS Website | | |
| | | |
| Media | | |
| I give permission for members of the media, at the discretion of the Manager of the Dayca my child. | are, to take pict | ures/video of |
| | | |
| Sunscreen | | |
| Fernie Child Care Society will take necessary precautions to protect your children from the | | |
| UV rays. I give permission to the staff to apply a sunscreen product that is broad spectrum child, when he/she will be playing outside, especially during the months of March through | | |
| daily time of 10 am and 4 pm. | | |
| | | |
| Call Medical Practitioner / Ambulance | | |
| Per Licensing Regulations, in the event a parent cannot immediately be reached, we requi Medical Practitioner | re written cons | ent to call: |
| Ambulance | | |
| In the case of: | | |
| Accident Illness | | |
| • 1011035 | | |
| Privacy Policy | | |
| We hereby request your consent to disclose the collected information to Vari Tech System | | |
| managing the software childcarepro on behalf of the Fernie Child Care Society and in acco | | |
| Privacy Code. I understand that Vari Tech Systems Inc. will not disclose such personal info consent unless required or permitted by law. For additional information about the Vari Te | | |
| www.varitechsystems.com or contact the Vari Tech Privacy Officer at 204-231-7068 or by | | |
| admin@childcarepro.ca | | |



| CONSENT FORM | | PARENT/ GUARDIAN INTIALS | |
|---|------------------------------|--------------------------|-------------------|
| | | CONSENT | <u>NO</u> CONSENT |
| Child's Name: | | | |
| Date: | | | |
| PAGE | 2 OF 2 | | |
| Release of Child | | | |
| Per Licensing Regulations, we require written consent to rele | ase a child to someone other | r than the paren | it: |
| 1. Name: | Relationship: | | |
| Home Phone: | Cell Phone: | | |
| 2. Name: | Relationship: | | |
| Home Phone: | Cell Phone: | | |
| 3. Name: | Relationship: | | |
| Home Phone: | Cell Phone: | | |

I give my permissions, as identified above by my initials in the 'Consent' box, on Pages 1 and 2, as Parents/ Guardians of the above named child.

| Parent/Guardian #1 | | | | |
|--------------------|-------------|--------|--------|--|
| | | (Name) | | |
| | (Signature) | | (Date) | |
| Parent/Guardian #2 | | | | |
| | | (Name) | | |
| | (Signature) | | (Date) | |
| Daycare Manager | | | | |
| | | (Name) | | |
| | (Signature) | | (Date) | |



| CHECKL | ST FOR PARENTS TO DETACH AND KEEP | PAREN ONLY |
|----------|--|---------------|
| | | |
| Please b | e sure to LABEL clothing, lunch bags, containers, bottles and cups. | |
| | | |
| What to | bring your first day and leave at the daycare | |
| • | Diapers; cloth or disposable (Infant Toddler Program) | |
| | (You can leave bulk diapers at the daycare. Staff will leave a note for you when they run out) | |
| • | Change of clothing x 2 (weather appropriate) | |
| • | Indoor Shoes (suitable for running in the gym) | |
| • | Blanket or Sleep Sack for Napping x 2 | |
| ٠ | Comfort Item for Napping, if needed | |
| ٠ | Drink Bottle (to stay onsite for water. It will be washed daily) | |
| • | Sunscreen (in summer) | |
| | | |
| Nhat to | bring everyday | |
| ٠ | Lunch and Snacks (Morning & Afternoon) | |
| | Food should be healthy | |
| | Be enough for the amount of time spent at the Daycare | |
| | Packed in a lunch bag that will be put in the fridge | |
| | • Hot food should be served in a thermos. When not possible, microwave is available | |
| | Note: In the summer, lunch is sometimes eaten on an excursion outside of the daycare | |
| | | |
| • | Outdoor clothing appropriate for the weather | |
| | Raining; Rain Coat, Rain pants, Rain boots | |
| | Snowing/ Snow on the Ground; Waterproof Snow jacket, Snow pants, Snow boots, | |
| | Mitts/ Gloves, Toque | |
| | Sun Shining; Hat, Long sleeve shirt if you don't want sunscreen, Running shoes | |
| | We will go outside everyday (except for days with the most extreme weather – e.g. | |
| | thunderstorms, temperatures below -15C) | |
| | Children's cubbies are not secure, so please don't leave anything of value in them. | |
| | · · · · · · · · · · · · · · · · · · · | |
| Drop-of | | |
| • | Check the door for notices to parents | |
| • | Sign in your child on the attendance sheet | |
| ٠ | Change your child into their indoor shoes | |
| | (Children must wear indoor shoes in the event they have an emergency evacuation) | |
| • | Put sunscreen on your child (if it's summer) | |
| • | If you come in to the rooms, please remove your outside shoes | |
| • | Tell staff how your child's night/ morning were, so they not what to expect from they for the day | |
| Pick-up | | 1 |
| • | Sign out your child on the attendance sheet | |
| • | Take all belongings home | |
| • | Ask staff how your child's day was | |