

CHILDREN'S DISCOVERY CENTRE REGISTRATION FORM

Date of enrollment: _____ End Date: _____
(year/month/day) (year/month/day)

Name of Child: _____
Surname Given Middle

Name child responds to: _____ Sex: _____
(M) (F)

Address: _____
Street City Postal Code

Date of birth: _____
(year/month/day)

Family Doctor: _____ Phone number: _____

Medical Insurance Plan number (Care Card): _____

1. Name of Parent/Guardian: _____

Address: _____
Street City Postal Code

Home Phone number: _____ cell phone: _____

Place of work: _____ Phone number: _____

Email address: _____

2. Name of Parent/Guardian: _____

Address: _____
Street City Postal Code

Home Phone number: _____ cell phone: _____

Place of work: _____ Phone number: _____

Email address: _____

Alternate Person to call/ Pick-up child in case of emergency:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Persons other than parent/guardian and emergency contact authorized to pick up child from facility

Name: _____ Phone: _____

Name: _____ Phone: _____

PERSONS NOT PERMITTED ACCESS TO CHILD:

1.Name: _____ Phone: _____

2.Name: _____ Phone: _____

Are there custody orders? _____ If YES, pls. attach Documentation

Yes

No

Names of other children living at home:

Name: _____ Date of birth: _____
(year/month/day)

Name: _____ Date of birth: _____
(year/month/day)

Name: _____ Date of birth: _____
(year/month/day)

Has child had previous experience away from home? (Daycare, Preschool, Sunday school, etc)

_____ If YES, pls. explain: _____
Yes No

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

Pls. explain: _____

Does this child have any know health problems/Medical Disabilities? _____
Yes No

If YES, pls. explain and attach documentation if available: _____

List any communicable diseases child has had: _____

Has he/she had any recent illness? _____ If YES, pls. explain: _____
Yes No

Any allergies: _____ If YES, pls. list: _____
Yes No

IF YES, PLS. ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

What are the child's eating habits? _____

Favourite Foods: _____ Strong dislikes: _____

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN:

(Attach immunization record-or record dates)

First visit-two months of age: _____
year/month/day

Diphtheria____
Pertussis____
Tetanus____
Polio____
Haemophilus Influenza Type B (hib)____
Hepatitis B____
Pneumococcal Conjugate____
Meningococcal C Conjugate____

Fourth visit-12 months of age: _____
year/month/day

Measels____
Mumps____
Rubella____
Meningococcal C Conjugate____
Varcella (chicken pox)____

Second visit-two months after first visit: _____
year/month/day

Diphtheria____
Pertussis____
Tetanus____
Polio____
Haemophilus Influenza Type B (hib)____
Hepatitis B____
Pneumococcal Conjugate____

Fifth visit-12 months after third visit: _____
year/month/day

Diphtheria____
Pertussis____
Tetanus____
Polio____
Haemophilus Influenza Type B (hib)____
Measles,Mumps,Rubella____
Pneumococcal Conjugate____

Third visit-two months after second visit: _____
year/month/day

Diphtheria____
Pertussis____
Tetanus____
Polio____
Haemophilus Influenza Type B (hib)____
Hepatitis B____
Pneumococcal Conjugate____

4-6 years of age: _____
year/month/day

Diphtheria____
Pertussis____
Tetanus____
Polio____
Varicella (chicken pox)____

OTHER IMMUNIZATIONS:

year/month/day

year/month/day

IF YOU HAVE CHOSEN NOT TO IMMUNIZE PLEASE SIGN HERE : _____

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

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

Parent/Guardian Signature: _____ Date: _____
year/month/day

Caregiver Signature: _____ Date: _____
year/month/day

CHILDREN'S DISCOVERY CENTRE
HANDBOOK/POLICY AGREEMENT

I have read the Children's Discovery Centre Handbook and fiscal policies and agree to the policies outlined and hereby agree to pay the monthly fees due on the first of each month.

I understand that a one month's written notice is required for any changes to my Groupcare/Preschool space and / or if I decide to withdraw my child from the Children's Discovery Centre. I also understand that unfortunately sick days, play dates and /or absences for any other reason are non-refundable and fee adjustments will not be made.

I understand that the first month of care is a trial period and that I, or the caregivers, have the right to annul this contract if either party is unsatisfied with the proposed arrangement.

Any fees paid during the trial period are non-refundable.

I hereby agree to and accept the above mentioned terms and conditions.

(Parent's signature)

(Date)

CHILDREN'S DISCOVERY CENTRE
PHOTO AGREEMENT

During your child's time at the Children's Discovery Centre, we would like to occasionally take photographs of the children as part of various projects and crafts. We may also require to take photographs for some exercises/programs for individual students.

NOTE : We also require to take a photograph for your child's registration form as per Child Care Licensing Regulations.

I hereby agree to and accept the above mentioned terms and conditions.

(Parent's signature)

(Date)

2015/07

CHILDREN'S DISCOVERY CENTRE
FIELDTRIP AGREEMENT

During your child's time at Children's Discovery Centre we may be leaving the premises to visit various places within our community, such as the beach, local attractions, places that reflect our different themes, the local library and sometimes just to go for a walk in the neighborhood.

You will always be notified in advance of organized fieldtrips and there will be an opportunity to volunteer.

A notice will be left on the sign in desk or classroom door if we are out on a walk nearby or where we are playing on the school grounds.

I hereby agree to and accept the above mentioned terms and conditions.

(Parent's signature)

(Date)

CHILDREN'S DISCOVERY CENTRE
CHILD CARE SUBSIDY - FEE POLICY /AGREEMENT

**PLEASE NOTE: THIS FORM ONLY APPLIES TO THOSE FAMILIES APPLYING
FOR OR RECEIVING CHILD CARE SUBSIDY**

The Child Care Subsidy program is designed to assist families with a portion of their daycare fees based on their family's income.

Parents are responsible for any fee amount not covered by subsidy.

Please note in most circumstances even parents on full/maximum subsidy will have a parent portion/balance to pay each month.

Once you have been approved for Child Care Subsidy, you will receive a Child Care Subsidy Benefit Plan with the amount you will receive and the term in which you will receive it.

It is the parent's responsibility to renew their Child Care Subsidy Benefit Plan one month prior to its expiration date in order for coverage to continue.

If there is a lapse or delay in Child Care Subsidy coverage the parents will be required to make the full payment until Child Care Subsidy is activated and / or reinstated. If Daycare fees are not covered by Child Care Subsidy the parent is responsible to pay all outstanding Daycare fees and may lose their Daycare space until the account is settled.

I hereby agree to and accept the above mentioned terms and conditions.

(Parent's signature)

(Date)