Imagination Station Registration Form

Child's name:________________________________ Birthdate:_________________

Male______ Female______

Name of parents or guardian:____

Address:_____________________________________ Phone number:___________

Work phone numbers:____

Cell phone numbers:____

Doctor's name:_________________________________ Phone number:__________

BC Care Card number:____

Persons to contact in case of an emergency who are authorized to pick up my child _______ (initial)

1. Name:_________________________________ Phone number:___________
2. Name:_________________________________ Phone number:___________
3. Name: _________________________________ Phone number:___________

Immunization record, as required under the BC Health Act:
(photocopy or actual dates required)

DPTP/HIB (4 doses and booster) ____________________ MMR (2 doses) ________

HEP B (3 doses) ___________________________ other _______________________

OR: My child is not immunized______

Does your child have:

Allergies______if so what kind?____

Asthma___________________________Convulsions__________________________

Other medical problems:____

Any other health concerns such as:

Colds______ Bronchitis______ Sore throats______ Ear infections______

Bladder infections______ Hay fever______ Bleeding nose______

Skin conditions____

Is your child on any medications? _________ if yes, what? ________________

Any vision, hearing or speech concerns?________________________________

Any learning/physical concerns?_____________________________________

Any behaviour/emotional concerns?__________________________________

Special diet?____

Other concerns?____

Any significant changes in your child's life? (eg. Death, separation, move, new sibling)____

____

Is there a custody agreement or restraining order?
(if so a copy must be provided)_______________________________________

Special instructions about food likes and dislikes, naptime, toileting, favourite things, fears, religious and/or cultural observances, etc.?

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I realize that the caregiver must report any accident or incident of a suspicious nature. I have read and agree to the above information and will notify the caregiver if there are any changes to the information provided.

________________________________ ________________________

Parent or guardian signature Date

Imagination Station Enrolment Form

ENROLLMENT DATE ____

I AGREE TO PAYMENT OF $_________ PER MONTH/DAY, TO BE PAID ON OR BY THE 1ST OF EACH MONTH.

I, THE UNDERSIGNED, WILL MAKE EVERY EFFORT TO BE PROMPT IN BRINGING MY CHILD TO THIS CHILD CARE FACILITY BY_________ A.M., AND IN PICKING THEM UP BY_________ A.M. / P.M. ANY TIME OVER AND ABOVE THE AGREED HOURS OF CARE WILL BE CHARGED AS OVERTIME.

IN THE EVENT OF ABSENTEEISM DUE TO ILLNESS, VACATION, ETC. **NOT** INITIATED BY THE CAREGIVER, I UNDERSTAND THAT I AM STILL RESPONSIBLE FOR FULL PAYMENT.

I WILL NOT SEND MY CHILD TO THE CHILD CARE FACILITY IF THERE IS AN ILLNESS, AND I WILL NOTIFY THE CAREGIVER IF MY CHILD HAS COME INTO CONTACT WITH A COMMUNICABLE DISEASE.

IN CASE OF ACCIDENT OR ILLNESS I AUTHORIZE THE CAREGIVER TO CONTACT A PHYSICIAN AND/OR AMBULANCE. I ACCEPT RESPONSIBILTY FOR PAYMENT OF PHYSICIAN AND/OR AMBULANCE FEES.

IN CASE OF A CAREGIVER EMERGENCY OR ILLNESS, I AUTHORIZE A SUBSTITUTE CAREGIVER TO CARE FOR MY CHILD.

I HAVE RECEIVED A COPY OF THE FACILITY'S PARENT HANDBOOK. I HAVE READ AND AGREE TO ALL OF THE POLICIES AS PROVIDED TO ME.

ONLY THE FOLLOWING PEOPLE ARE AUTHORIZED TO REMOVE MY CHILD FROM THE CENTER:

NAME:	RELATIONSHIP:	PHONE #:

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN SPONTANEOUS FIELD TRIPS AND ACTIVITIES THAT MAY BE HELD ON OR OFF SITE. YES_________ NO_________

I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN AND POSSIBLY USED IN GENERAL ADVERTISING OF THE CHILDCARE CENTER. YES_________ NO_________

IT IS THE CAREGIVER'S AND THE PARENTS' RESPONSIBILTY TO LET EACH OTHER KNOW IF THE CHILD SEEMS UNHAPPY OR THAT THE ARRANGEMENT IS UNSATIFACTORY FOR SOME REASON. THE CONTRACT CAN BE TERMINATED BY EITHER PARTY WITH 30 DAYS NOTICE IN WRITING.

PLEASE BE AWARE THAT ALL CHILD CARE FACILITIES AND REGISTRATION INFORMATION ARE OPEN TO VISITS FROM LOCAL HEALTH CENTER LICENSING OFFICERS AND PUBLIC HEALTH NURSES, ETC. THESE VISITS ARE FOR MONITORING AND INFORMATION.

I HAVE READ AND AGREE TO THE ABOVE-INITIALED INFORMATION AND WILL NOTIFY THE CAREGIVER IF THERE ARE ANY CHANGES.

____ ______________________________

PARENT / GUARDIAN SIGNATURE DATE

CLICK HERE TO SUBMIT FORM