

Eagle Valley Community Support Society

Little Bears Child Care Program

Registration Form

Program Information

Child Care Program Name	I.D #
Start Date	End Date

Child Information

Child's Surname	Child's First Name	Child prefers to be called:
Birth date (YY/MM/DD)	Gender	Toilet Trained? (Y / N)
Address	City	Postal Code
Main Phone	Care Card #	

Parent/Guardian #1

Surname	First Name	Relation to Child
Address	City	Postal Code
Main Phone	Work Phone	Place of Work
Email		

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Parent/Guardian#2

Surname	First Name	Relation to Child
Address	City	Postal Code
Main Phone	Work Phone	Place of Work
Email		

Please Inform the EVCSS Child Care Program Manager of any special conditions, legal or otherwise, governing the care and/or pick up of your child. Your privacy is important to us, and your information protected, but it is key that we are aware of anything impacting your child's health or safety.

Authorized Pick up List

Child's Surname	Child's First name
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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 an emergency:

Contact #1

Surname	First Name	Relation to Child
Address	City	Postal Code
Main Phone	Work Phone	Email

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Contact #2

Surname	First Name	Relation to Child
Address	City	Postal Code
Main Phone	Work Phone	Email

Contact #3

Surname	First Name	Relation to Child
Address	City	Postal Code
Main Phone	Work Phone	Email

Please Indicate any person(s) to whom access is Denied

Surname	First Name
Relationship	Description

Court Order in Effect? Please Check. YES NO If yes, please attach copy.

Surname	First Name
Relationship	Description

Court Order in Effect? Please Check. YES NO If yes, please attach copy.

Parent/Guardian Signature:	Date:
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Child's Personal Information

BC CARE CARD PERSONAL NUMBER

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FAMILY DOCTOR

Name	Phone
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FAMILY DENTIST

Name	Phone
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Does your child have any health or medical issues such as:

Asthma	Vision	Skin Conditions	Special Medications	Hearing
Other				
Please Specify: _____				

Immunization Records

The Community Care and Assisted Living Act – Child Care Licensing Regulation requires that we have immunization records for each child, or parents must sign informing us if they are not vaccinated. Please enter the dates of immunization in the assigned space or submit a copy of your child's immunization records available from your local Health Unit.

PENTA; Combines Pertussis, Diphtheria, Tetanus, Polio, Haemophilus Influenza B in one dose.

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: _____

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Does your child receive support from any other services or agencies?

For example: children's health specialties, Speech/Language Pathologist, Occupational Therapist etc.

Please Specify:

Other health professionals involved with your child:

Name	Phone
Type of Professional	
Name	Phone
Type of Professional	

Getting to know your child

Has your child participated in social group settings (such as play groups, recreational programs)? YES NO If yes, what is your child's "comfort level" with other children? (other than siblings) On a scale of 1 to 5, with 1 being very comfortable and 5 being not comfortable at all. (Check one choice) 1 2 3 4 5
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Has your child been in childcare before? YES NO If yes, what is your child's "comfort level" with being left with centre staff? On a scale of 1 to 5, with 1 being very comfortable and 5 being not comfortable at all. (Circle one choice) 1 2 3 4 5

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What are your child's favourite activities?

Does your child have a regular nap? Yes No If so, what time?

Does your child have specific food preferences and/or are there dietary concerns such as allergies or food sensitivities?

Does your child have any specific fears we should know about?

Other things that help us to engage and support your child

Home Celebrations: (special cultural events and holidays celebrated etc.)

Languages spoken in the home:

Does your child have siblings, and if so, what are their first names and ages?

Anything else you would like us to know?

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Parent Permissions

Picture Release:

I _____ (parent/guardian) give my permission for video, photo, and digital images of my child to be taken during the program for in house purposes within Little Bears Child Care Program. 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 neighborhood trips (i.e. library, local park). I understand that 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 take place outside of the immediate neighborhood of the childcare centre.

Parent/Guardian Signature: _____ Date: _____

Permission to apply sunscreen:

I _____ (parent/guardian) give the Little Bears of Child Care Program staff permission to apply sunscreen to _____ (child) on an as needed basis.

Parent/Guardian Signature: _____ Date: _____

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PAYMENT INFORMATION

Surname	First Name	City
Address	Postal Code	Main Phone
Work Phone	Email	<i>In accordance with Canada Revenue Agency guidelines, Child Care Tax receipts will be issued in the name of the payer.</i>

PAYMENT OPTIONS

Please indicate your preferred method of payment. All child care payments are due on the first day of the month.

- I would like to pay by cheque or cash
- I would like to pay by E-Transfer

Payments by cheque or cash may be left at the child care centre or dropped off at the EVCSS Resource Centre at 1214 Shuswap Ave. Please ensure these payments are made ahead of the first of each month so that deposits can be done and recorded as having been complete by the first of each month.

Payments by e-transfer must also be received and deposited in our account by the first of each month. These transfers should not contain any confidential information, including the name of your child or children. Each registration form will assign a number to your child, we ask for you to use the wording "child care fees" in the message box and the number that pertains to your child. For instance, if you had two children in our care that had been assigned the numbers 6 and 7, your message would say "child care fees for 6 and 7".

Invoices for payment will be sent out in the last week of the month prior to the one you will be paying for. If you have any questions about payments, you may contact the Executive Director of EVCSS by calling 250-836-3440.

Payer Signature: _____

Date: _____

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Parent Consent to Emergency Health Care and Liability Waiver:

In permitting my child to attend Little Bears Child Care Program, I, the undersigned, permit my child to participate in the full range of childcare 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 if necessary, treatment therein as she/he 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 Eagle Valley Community Support Society is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge all rights and claims for damage and causes of suit or action that I or my child have at any time against Eagle Valley Community Support Society along with their employees and agents; for all injuries or losses suffered by my child when being transported by anyone other than EVCSS staff to or from the program, or at any event or place the program attends where EVCSS staff do not control the environment, or any injuries or losses that have a cause outside of those causes directly resulting from EVCSS staff incompetence.

Parent/Guardian Signature: _____ Date: _____

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Little Bears Child Care program Portable Cards
Please attach child's colour photo to this form

Child Name:	Gender:	DOB(YY/MM/DD):
Address:	Home Phone:	Medical #
Parent/Guardian Name:	Main Phone:	Work Phone:
Parent/Guardian Name:	Main Phone:	Work Phone:
Emergency Contact:	Main Phone:	Work Phone:
Emergency Contact:	Main Phone:	Work Phone:
Child's Doctor	Office:	Phone:
Child's Dentist:	Office:	Phone:
Date of most recent Tetanus Shot:	Medical Conditions/Allergies/Medications	Comments:

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PERMISSION FORM

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child as outlined above in the section named Parent Consent to Emergency Health Care. Your signature below is your consent to emergency actions and will accompany the child to the emergency service.
2. I hereby authorize the staff at Little Bears Child Care Program to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

Parent/Guardian Signature: _____ Date: _____

Parent Commitment:

I have received and read the Little Bears Child Care Program Parent Hand Book, and I accept and agree to abide by the policies as stated.

Parent/Guardian Signature: _____ Date _____

How did you hear about us?

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Privacy Policy

Eagle Valley Community Support Society protects your privacy by following the Province of BC Freedom of Information and Privacy Protection Act Policy and Procedures for all of our programs and services. No information of a confidential nature will ever be shared without your permission and express direction regarding who will be entitled to information.

Office Use Only

Start Date (YY/MM/DD)	Monthly Fee
All Required Documents Submitted Y N Missing Information:	