



White Bear Daycare Registration Forms

Office use Only	
Start Date:	_____
End Date:	_____
Program:	
<input type="radio"/> Babyland	<input type="radio"/> Little Kids
<input type="radio"/> Big Kids	<input type="radio"/> OOSP
<input type="radio"/> Pre-School	<input type="radio"/> Pre-Kindergarten

Childs Full Name: _____

Nickname(s): _____ Gender: _____

Childs Main Address: _____

Care card number: | | | | | | | | | | Date of Birth _____ / _____ / _____
Month Day Year

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____

Parent / Guardian:

Name: _____ Name: _____

Relation to child: _____ Relation to child: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Is there a custody agreement for the child? Yes No (If yes, a copy must be on file)

Is there anyone who is not permitted access to your child? _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Other adults in the home:

Name: _____ Relation: _____

Name: _____ Relation: _____

Authorized Pick-up/ Emergency Contact List:

I authorize the following people in addition to the Parent/Guardian's to pick up my child and/or be contacted to pick my child up in an emergency.

(There must be at least 1 person other than the parent/guardian for pick up in an emergency)

1.Name:_____ Relation to child:_____
Home Phone:_____ Cell Phone:_____
Employer:_____ Work Phone:_____

2.Name:_____ Relation to child:_____
Home Phone:_____ Cell Phone:_____
Employer:_____ Work Phone:_____

3.Name:_____ Relation to child:_____
Home Phone:_____ Cell Phone:_____
Employer:_____ Work Phone:_____

4.Name:_____ Relation to child:_____
Home Phone:_____ Cell Phone:_____
Employer:_____ Work Phone:_____

5. Name:_____ Relation to child:_____
Home Phone:_____ Cell Phone:_____
Employer:_____ Work Phone:_____

6. Name:_____ Relation to child:_____
Home Phone:_____ Cell Phone:_____
Employer:_____ Work Phone:_____

Please note that we will only release a child to the people listed above. People listed must have photo identification on hand to verify their identity . A child will only be released to a person not on this list when written consent is received in the form of a text message or e-mail from the parent/guardians.

Health Information:

The Child Care Licensing Regulation states that all children attending licensed care must have a record of their immunization status on file. It is the policy of White Bear Daycare that all children in attendance must be fully immunized in the provincial Immunization Program.

My Child has been immunized in the Provincial Immunization Program: Yes / No

Current Immunization record attached: Yes / No

Doctor _____ Phone: _____

Paediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Other: _____ Phone: _____

Does your child have any allergies? Yes / No

If yes, to what is your child allergic? _____

Is this allergy life threatening? Yes / No Is an Epi-pen required? Yes / No

What is the reaction? _____

Specific Instructions: _____

If an allergy exists an Administer Medication form needs to be on file and any medications needed must be supplied daily.

Does your child have any health or medical issues such as?

- Vision
- Hearing
- Asthma
- Speech / Language
- Require a special diet
- Seizures
- Seasonal Allergies
- Eczema
- Other: _____

Does your child take medication daily? Yes / No

If yes, what for, what medication, dosage. _____

Has your child's vision checked? Yes / No Do they wear glasses? Yes / No

Has your child's hearing been tested? Yes / No Do they have hearing aids? Yes / No

Does your child have tubes in the ears? Yes / No

Do you have concerns about your child's?

Hearing Vision Speech Other _____

Has your child received a diagnosis by a medical / mental health professional? Yes / No

If yes, what is the diagnosis? _____

Is your child Potty Trained? Yes / No

Has your child been in care before? Yes / No

If yes, what type of care was it and how did the child react? _____

Behavioural Information

When filling out this section we encourage parents to give us as much information as possible. Knowing about your child's behaviour beforehand allows us to take a proactive approach to their individual needs and therefore helps to ensure they are successful in our and enjoy our program.

Does your child:

Display signs of anxiety in groups? Yes / No

Require assistance dressing, toileting, feeding? Yes / No

Require assistance in following routine/rules? Yes / No

Receive support from a S.E.A at School? Yes / No

Have an I.E.P at School? Yes / No

Display aggressive behaviour? Yes / No

Have information processing needs? Yes / No

Other: _____

Has your child:

Been asked to leave a childcare program due to behavioural issues? Yes / No

Received services from Supported Child Care? Yes / No

Required support staff in a childcare setting? Yes / No

Expectations for behavior vary greatly from family to family. What are some of the discipline procedures you use in your home? _____

Have there been any major changes in your child's life in the last 12 months? _____

What is your child's normal nap/bedtime routine? _____

Is there anything you would like to tell us about your child? _____

The following permission forms must be signed for your child to attend White Bear Daycare

Assessments

I am aware that there are professionals that enter White Bear Daycare at times to do group and individual assessments. During these times it may be indicated that your child may benefit from extra supports including but not limited to speech, developmental and behavioural.

I _____ am willing and accepting of all supports to help my child succeed. I will be notified of all recommendations for my child's success.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Photo/ Video

I understand that my child _____ will be photographed, and video taped while attending White Bear Daycare. These photos/ videos will be used in center displays, advertising, Facebook and on the daycare webpage. My child's name will never appear with their image.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Bus

I _____ give permission for my child _____ to be transported within the City of Merritt and Lower Nicola in the Daycare Bus for spontaneous field trips. My child will be secured in a lap belt or a 5-point harness.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Walks

I _____ give permission for my child _____ to participate in spontaneous neighbourhood walks.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parent / Caregiver agreement for Childcare

This is an agreement between White Bear Daycare and _____ (parent)
for the child _____ who started daycare on _____.
Month / Day / Year

Please initial on each line:

- ___ White Bear Daycare will be closed on all Stat holidays, 1 week in the summer, 1 week at Christmas, and up to 3 professional development days. These are all billable days under the monthly rate.
- ___ If I require termination in care, I will provide 1 months notice on the 1st of the month. If notice is not given, I will be billed for the month of care in lieu.
- ___ If I am going to be late for pick-up, I will call to advise the center.
- ___ The late fee is \$5.00 per minute/per child. Payable to the staff that is closing.
- ___ I will pay my fees in full by the last day of the month before service is provided.
- ___ My childcare services will be suspended if fees are 5 days late without prior approval.
- ___ It is my responsibility to keep the affordable childcare benefit current and am responsible for the full childcare fee's if the affordable childcare benefit has expired.
- ___ I am aware that childcare fees are subject to annual increases in September.
- ___ I am aware that fees will not be refunded due to unforeseen closures.
- ___ If my child is ill, I will keep them home until they are symptom free for 48 hours before returning to care.
- ___ If my child becomes ill while at daycare, I will pick them up within 30 minutes of being contacted.
- ___ I will provide a large healthy lunch in an insulated lunch bag for my child.
- ___ I will provide appropriate outdoor clothing for my child everyday.
- ___ I will provide a spare change of clothing in a backpack everyday.
- ___ I will let the Daycare know if there are any major changes in my child life.
- ___ I will treat The White Bear Daycare Staff with kindness and respect.

White Bear Daycare agrees to meet the standards as required in the Community Care Facility Act and the Child Care Licensing Regulations.

I _____, hereby certify that all of the information provided is true and correct to the best of my knowledge and belief.

Parent / Guardian: _____

Signature: _____

Date: _____

Initial on each line.

_____ I am aware that the Daycare Policy Manual is updated regularly, and it is my responsibility to review the online version at www.whitebeardaycare.com.

_____ I have read and agree to abide by the White Bear Daycare Policy Manual.

Signing below recognizes that all the above information is true and accurate.

Parent/Guardian : _____

Signature: _____

Date: _____

Parent/Guardian : _____

Signature: _____

Date: _____

Childs Start Date: _____

Childs Withdrawal Date: _____

White Bear Daycare Emergency Card

Child's full name: _____

Care Card Number: | | | | | | | | | | | | | | | | | | Gender: _____

Date of Birth: _____ Address: _____
Month / Day / Year

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Allergies: _____ Medical Diagnosis: _____

Doctor: _____ Doctor Phone: _____

Medications: _____

Parent/Guardian: _____ Parent/Guardian: _____

Home Phone: _____ Home phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

White Bear Daycare Emergency Procedure

It is the policy of the White Bear Daycare to call a medical practitioner or ambulance in case of an accident or illness if the parent cannot be immediately reached.

I _____ hereby give consent for my child _____ when hurt or ill to be taken to the nearest emergency facility by ambulance when I can not be immediately reached.

Parent / Guardian: _____

Signature: _____

Date: _____

White Bear Daycare is not responsible for any charges for these services.

This form will go with the staff and child to the medical facility