



Maple Ridge Childcare Society
REGISTRATION FORM

Full Legal Name of Child:		Preferred Name:	
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PERSONAL INFORMATION			
Child's Date of Birth:		Gender:	
Start Date:			
Address:			Postal Code:
			Phone:
Parent/Guardian:		Parent/Guardian:	
Address (if different):		Address (if different):	
Phone:		Phone:	
Work Address/Alternate Location:		Work Address/Alternate Location:	
Phone (including Local):		Phone (including Local):	
Cell/Email:		Cell/Email:	
Hours at this Location:		Hours at this Location:	

EMERGENCY HEALTH INFORMATION			
Care Card Number:			
Family Doctor/Clinic:		Family Dentist/Clinic:	
Address:		Address:	
Phone:		Phone:	

CONSENT FOR EMERGENCY CARE			
I authorize the staff at the child care centre to call a medical practitioner or ambulance in the case of an accident or illness of my child(ren), if the parent cannot immediately be reached.			
Parent Signature:		Date:	
Manager of Facility:			

PERSON(S) AUTHORIZED TO PICK UP CHILD (other than parent/guardian listed above)				
Name:		Relationship:		Phone:
Name:		Relationship:		Phone:
Name:		Relationship:		Phone:
Name:		Relationship:		Phone:

FOR OFFICE USE ONLY			
	Date	Amount	Initials
Registration Fee			
Deposit Fee			
Days/Week			



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PERSON(S) NOT AUTHORIZED TO PICK UP CHILD (other than parent/guardian listed above)					
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Do you have a custody agreement?:		☐ Yes ☐ No			
<i>If yes, please supply a copy of the custody order to the facility manager/licensee.</i>					

ALTERNATE PERSON(S) TO CALL AND PICK UP CHILD IN CASE OF EMERGENCY					
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	

CHILD'S IMMUNIZATION STATUS	
Is your child up to date on immunizations?:	☐ Yes ☐ No ☐ Not Immunized
Comments:	

HEALTH INFORMATION (Please attach a separate sheet if necessary)
Regular medications and reasons (please list):
Allergies and treatment of (please list):
Injury(s)/illness(es) or operations your child has had including dates:
Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.):
Please describe any concerns you may have regarding your child's development (behaviour, vision, hearing, speech, language, mobility, etc.):



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Describe any specific care instructions regarding any of the above:

Other Health Care Professionals involved in your child's life (Occupational Therapist/Physical Therapist/etc.):

GROUP EXPERIENCES

What is/are your child's favourite activities?:

Has your child had previous play group experiences?

☐ Yes ☐ No

If yes, how did they adapt?:

How does your child behave toward other children? (seeks others out, feels shy, etc.):

EMOTIONAL

How does your child react when left with unfamiliar people and/or unfamiliar situations?:

Does your child have any particular fears? Please describe:

What suggestions would you have that would help staff make your child's transition into this program easier?

FAMILY AND GENERAL HOUSEHOLD INFORMATION

Please list the names of the significant people in your child's life (siblings, grandparents, etc.):

Please describe the guidance and discipline methods used at home:



Any other comments:

Note: This information may be reviewed by Fraser Health Authority Licensing Staff as per legislation.

Additional Child History (optional)

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Please describe any particular eating patterns:
Are there any religious or ethnic observances related to foods?:

SLEEPING					
Nap Time:		How long to settle:		Time of waking:	
Bed Time:		How long to settle:		Time of waking:	
Is your child a deep sleeper or do they awaken easily?:					
Does your child take a favourite comforter to bed? (blanket, toy, etc.):				☐ Yes	☐ No
If yes, please describe and tell us if it's 'named':					
What is your child's mood upon waking?:					

TOILETING				
Is your child toilet trained?	☐ Yes	☐ No	☐ Partially	
Please indicate your child's frequency or patterns for bowel movements:				
Describe assistance needed for toileting:				
What 'special' word does your child use for:		Urination		Bowel Movements



PARENT'S CONTRACTUAL OBLIGATIONS

The following conditions are a contract between the parent and the centre.

1. Children must be brought in the centre and signed in and out each day.
2. Hours of operation are 6:00 am – 6:00 pm. In case of an emergency the centre must be contacted immediately to arrange pick up. There is a late pick up charge of \$5.00 for the first minute and \$1.00 per minute of each minute thereafter.
3. Fees are payable on the first of each month, in advance, in the form of post-dated cheques. There is a late payment charge of \$10.00 per day for overdue fees. Parents on subsidy are responsible for ensuring that subsidy numbers are up to date.
4. One full calendar month's notice must be given if the child is to withdraw or one month's fees must be paid in lieu of notice. This gives the centre sufficient time to fill the vacancy. Monthly fees are payable regardless of number of days absent due to illness or holidays.
5. If the child is to be picked up by anyone other than listed on the registration form, a written authorization or phone call must be given to the centre.
6. In case of an emergency, I will be called, or my emergency contact persons will be, before an ambulance will be called. If neither once can be contacted, an ambulance will be called.
7. I understand the centre's philosophy and accept the program including all policies and procedures such as the guidance procedure.
8. I understand all the above and agree to the terms.

Date:

Parent/Guardian Signature:

Date:

Manager's Signature:



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FIELD TRIPS

I give permission for my child/children _____, to attend field trips with Maple Ridge Childcare Society.

_____ (please initial), I understand they may be using different types of transportation such as public buses, school buses, walking, etc.

I am responsible to make sure my child/children are on time, have appropriate clothing, bagged lunches, etc.

Date:

Parent/Guardian Signature:

PHOTO RELEASE

We would like to capture your child's great moments on film/digital device. In order for us to respect your requests, please complete this form.

I, _____, give permission for my child, _____ to be photographed at Maple Ridge Childcare Society. I am aware pictures/videos may be used for a variety of purposes from art activities, to decorations at the centre, and to use on our website and social media pages.

I, _____, do not allow photos of my child, _____ for any purpose.

Date:

Parent/Guardian Signature:



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INFORMATION SHEET (for internal use)

CHILD'S NAME		
First	Middle	Last
ADDRESS		PHONE
Street		
City	Postal	
REGISTERING PARENT		
First	Last	
ADDRESS (If different)		PHONE
Street		
City	Postal	
ADDITIONAL PARENT		
First	Last	

PROGRAM	
START MONTH	
FEE	
SUBSIDY AMOUNT	
REGISTRATION AMOUNT	
DEPOSIT AMOUNT	