

# Registration Form



## Creative Beginnings Schoolage Care

1440 Hugh Allan Drive, Kamloops, BC V1S 1L8 Ph.(250) 377-8700 Cel: (250) 319-8586

**START DATE:** \_\_\_\_\_

**WITHDRAW DATE:** \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Name Child responds to: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name of Mother or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List siblings and their ages: \_\_\_\_\_

Family email address: \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP CHILD

Include the names of all persons authorized to pick up child: (should include emergency contacts)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACTS – OTHER THAN PARENTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Days of Care Required: \_\_\_\_\_

Hours of Care Required: \_\_\_\_\_

Registration fee paid: \_\_\_\_\_

# SCHOOL INFORMATION

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Does your child require Drop-off ? Y or N (Circle one) \*this will only be provided if agreed upon with the owner.

Does your child require Pick-up from School between 2:30-3:00? Y or N (Circle one)

Which School: Dufferin, South Sahali, Summit, McGowan, Aberdeen or Pacific Way?

(Circle one)

## EMERGENCY HEALTH INFORMATION

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

If no Family Doctor is the Clinic used instead?  Yes  No **\*If yes – please also write “clinic used” where Dr’s name goes**

Please specify Clinic name and location if one is mainly used: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

Is your child's immunization up to date?  Yes  No **\*\*\*Please attach a copy of their immunization record.**

Please list any known health problems:  Aids  Allergies  Asthma  Epilepsy  Hearing  Speech or Language

Vision  Other Explain:

Is your child subject to: (If yes, explain)

Ear/Throat Infections: \_\_\_\_\_

Urinary Tract Infections: \_\_\_\_\_

Bleeding Nose: \_\_\_\_\_

Stomachaches: \_\_\_\_\_

Fevers: \_\_\_\_\_

Does the child take any special medications? \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialists: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any concerns regarding food that the staff should be aware of (i.e., special diet due to health, religion, ethnicity, etc.)? If so, please describe:

\_\_\_\_\_

Has your child had any major accidents, illnesses, or operations? If so, please describe and give dates:

\_\_\_\_\_

\_\_\_\_\_

**General Information**

If there is a custody agreement in effect, please give details as they relate to the child in care and attach a copy to this form: \_\_\_\_\_

Is there anyone that you know specifically who should not have access to your child? (If so, please provide names and what you would like us to do if they come to the center? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

Is your child currently involved in Children's Therapy for developmental delays or behaviors? (explain)

Is any language other than English used in the home? \_\_\_\_\_

Are there any special physical or emotional needs that the staff should be aware of? \_\_\_\_\_

How much television does your child generally watch each day? \_\_\_\_\_

What are your child's favourite activities? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

If so, how old are the children your child usually plays with? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_

What is the method of behaviour control used in your home? \_\_\_\_\_

Please describe your child's typical behaviour/personality: \_\_\_\_\_

Has your child gone to daycare or after school care before? \_\_\_\_\_

Please describe previous experiences: \_\_\_\_\_

What do you hope will be included in your child's program? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Payments

The package you have obtained is for registration in our Childcare facility, which we offer a variety of services to meet the needs of families. Payments are to be made out for the first of each month prior to receiving care in the form of post-dated cheques. We are closed during the Christmas holidays between Christmas and New Years as well as any Stat holidays (which we include Easter Monday). If you are registering your child in our School age Care program, please be aware that we are not offering full-day care during School Early Closures due to a restriction in the number of children we can have on site at one time. The facility will provide full-day care to these children on the First day of school, Last day of school, In-service Days, during the remainder of Christmas Break (except between Christmas and New Years) and Spring Break only, however, it will be an additional rate of \$15.00/day above the regular monthly after school fee of \$400.00/month. There are no pro-rated fees based on closures. Please note that you will be required to pay for your space throughout the year if you wish to take holidays at anytime and wish to maintain your space. This includes the summer months and you will be billed based on your prior school year care. If you don't require use of the space in the summer you will be charged \$400.00/month. If you do require the care in the summer you will be charged \$700.00/month – maximum of 9 hours care per day. We do not offer half summer care, due to space demand. If you pay \$700.00 for one of the months during the summer, you will be billed the same for the other month. If your child is transferring from the daycare program to the school age care program within our facility, you will be required to maintain your current space throughout the summer months in the daycare prior to transferring programs to ensure you have a space in the fall in the new program. You will be billed at the rate you were paying for the previous care. Program transfers occur after labour-day weekend annually based on age. Kindergarten children may be placed in the 3-5 daycare room or school age room at staff's discretion. We are only offering drop off's (by pre-arranged agreement with the owner only as we have limited space for early drop-off's). Pick-up's will be provided for McGowan, Aberdeen, South Sahali, Summit, Dufferin and Pacific Way between 2:30-3:10pm only. We cannot be at all of the schools at the same time for drop-offs and pick-ups and therefore there may be unsupervised times between the time that school is dismissed and when we arrive to pick-up the children from our meeting place or the time that we drop-off the children before school (drop-offs start about 8:10am for those with special permission). Drop-off fee is \$20.00/month per child (spaces are limited and by permission only). This program is a monthly paid program, however, you may use the days you require care.

***Fees are as follows and made out to: Creative Beginnings***

Afterschool Care 2:30-5:30 monthly	Extended Day Care (in addition to monthly cost per day)	Monthly Drop-off Fee (Pickup is included in monthly fee Sept-June)	Pick up fee if we are not notified before 2:15 that parent is picking up or child not at school	Monthly Full- time Summer Care
\$400.00	\$15.00	\$20.00	\$15.00	* \$700.00 (July & August)

**There is also an annual \$50.00 fee per child payable on the date of registration and then the 1<sup>st</sup> of July annually for as long as my child attends this facility. This fee is non-refundable and is considered a registration fee, which is partially also used towards extracurricular crafts, expenses and special occasion gifts. Post-dated cheques will be collected from July 1<sup>st</sup> of the current year to June 1<sup>st</sup> the following year, annually.**

I, \_\_\_\_\_ will adhere to ensuring that I have given post dated cheques (unless other arrangements are made) for the appropriate space I am booking for my child, \_\_\_\_\_ to attend daycare. In the event that the registration needs to be terminated by either party, I understand that I, or the daycare facility will need to give one "full" months written notice (prior to the first of the month that you want to end care....eg: if you no longer need care for March then you would give notice before February 1<sup>st</sup>). I understand that if I give notice after the first of the month, that I will be responsible for two months payments (using the example above if you give notice on February 1<sup>st</sup> or later you would pay for February and March). However, the daycare reserves the right to terminate the contract immediately should there be grounds for dismissal at the owner's discretion. In the event that the facility cannot provide service for more than two consecutive weeks due to an extreme nature (ie. gas, water, sewer or hydro problems, flood, relocation, etc.) at the owner's discretion, classes will either be refunded or rescheduled. This does not include

Christmas Break or any other closures such as Sick Days, In-service Days or Statutory Holidays. I am also aware that should the centre decide to change the rates, there will be two month's notice provided. I understand that there is a charge of \$20.00 in the event of an NSF cheque and it will need to be paid in cash along with the monthly fee immediately. I also am aware that if my payment is not made on the 1<sup>st</sup> of the month that I will be charged \$20.00 for each day it is late past the 1<sup>st</sup> of the month. I understand that if I do not call the center or text 250-319-8586 before 2:15 on the day of care and notify them that either a parent or someone else will be picking up my child or that my child is absent from school or away for any other purpose that I will be charged a \$15.00 pick up fee. This fee is only due to ensuring that we are not waiting for a child and holding up all other pickups at the other schools when I child does not need pickup. I also understand there is a late fee of \$20.00 per quarter hour past closing as explained in the policy and procedure manual.

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Signature

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Date

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Parent Name

# Creative Beginnings Preschool/Childcare

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This waiver is in effect from \_\_\_\_\_ to \_\_\_\_\_

## **CONSENT TO PHOTOGRAPH FORM**

There will be times when the staff at Creative Beginnings Preschool/Childcare will want to take photographs of my child.

I \_\_\_\_\_ hereby give my consent for the Creative Beginnings Preschool/Childcare to take photographs of my child \_\_\_\_\_. These photographs may be used for display purposes within the facility, craft projects, newspaper or for advertising. Last names will not be used to correspond with photographs. I understand that pictures at special events and field trips may be taken without notice. If you have any concerns or do not wish your child to have their photograph taken please inform the teacher.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## **POLICY AND PROCEDURE AGREEMENT**

I have read and understand the Creative Beginnings Preschool/Childcare's Policies and Procedures. I am in agreement and understand all of policies in the guide and have a thorough understanding of my responsibilities and the centers responsibilities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date