

# Registration Form



## Creative Beginnings Childcare



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: \_\_\_\_\_ Gender: \_\_\_\_\_ 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: \_\_\_\_\_

### EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD

Include the names of all persons authorized to pick up child other than parents (must have at least one contact):

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

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

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

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

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? \_\_\_\_\_

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

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

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

## 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 ☐ Will Update

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: \_\_\_\_\_

Rashes: \_\_\_\_\_

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

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

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

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

### General Information

Is your child toilet trained? \_\_\_\_\_ Describe assistance needed and words used: \_\_\_\_\_

Anything we need to know about your child's potty training experience? \_\_\_\_\_

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

Please explain napping patterns: \_\_\_\_\_

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

Please explain feeding or eating habits: \_\_\_\_\_

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: \_\_\_\_\_

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

Is your child involved with Children's Therapy for developmental delays or behaviors?: \_\_\_\_\_

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? \_\_\_\_\_

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

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

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

Has your child been cared for by someone besides family? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Has your child gone to daycare before? \_\_\_\_\_ Please describe previous experiences: \_\_\_\_\_

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

What is your child's reaction to separation? \_\_\_\_\_

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

\_\_\_\_\_  
Date

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## Payments

The package you have obtained is for registration in our daycare facility, which we offer a variety of services to meet the needs of families. This particular package is for the Multi-Age program. Payments are to be made out for the first of each month prior to receiving care in the form of post-dated cheques and should include up to the following July of the year you register or a full year July through to June along with your annual registration fee on July 1<sup>st</sup> in the amount of \$50.00 per space. I understand that if my child is under the age of 3 years that there is a deposit of \$500.00 which is non-refundable, is due upon registration and will be credited towards the first month of care. I understand that if my child is between 3-5 years of age and I am registering for a space that I plan to start to occupy in the future (after 45 days from registration), that I am responsible to pay a \$300.00 non-refundable deposit that will be credited towards the first month of care. These **non-refundable** deposits are separate from the registration fees which are also non-refundable. We are closed during the Christmas holidays between Christmas and New Years, Spring break (mid march) and the last week of July, as well as any Stat holidays (which we include Easter Monday). 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. A new registration form must be filled out once your child is old enough or ready to move into our 3-5 daycare room. We are open Monday to Friday from 7:30-5:30pm, with your daily/monthly fee you are provided a **maximum 9 hour time frame** of care unless pre-arranged with staff based on work schedule.

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

AGES	Mthly – Full-time Base Rate *before any childcare reduction fees/subsidy provided by the government:
3-5 years	\$860.00 - \$100.00 childcare reduction fee
25-36 Months	\$1150.00 - \$350.00 childcare reduction fee
0-24 Months	\$1250.00 - \$350.00 childcare reduction fee

Fee rate changes take place the month after the child's third birthday. (ie. Child is 3 on June 7 then rate change takes place as of July 1)

**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 extra curricular crafts and special occasion gifts.**

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. I understand that if I give notice on or after the first of the month, that I will be responsible for two months payments (ie. Notice given May 1 will result in being billed for both May and June). The daycare reserves the right to terminate the contract immediately should there be grounds for dismissal at the owners 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, Inservice 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 \$30.00 in the event of an NSF cheque and it will need to be paid in cash along with the monthly fee immediately. I am aware that if my payment is paid after the 1<sup>st</sup> of the month, it is considered a late payment and I will be charged \$20.00 in addition for every calendar day it is late after the first of the month. I also understand that a late fee of \$20.00 will be billed for every quarter hour past opening as explained in the policy and procedure manual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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, for craft projects, for the newspaper, for University/College observations during practicums 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

\_\_\_\_\_  
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. Policies are found on our website at [www.creativebeginningspreschool.ca](http://www.creativebeginningspreschool.ca)

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

\_\_\_\_\_  
Date

## **TRANSPORTATION CONSENT**

From time to time we do field trips with the children in our center. The method of transportation is either walking, using the city transportation or our facility bus/van. By signing this form you give Creative Beginnings permission to take your child on our bus/van and/or the city bus on field trips. Only those holding a class 4 driver's license will drive our facility bus and those with a full class 5 will drive the van. We will advise you of any field trips we take that require bus or city transportation prior to leaving the center. Just as on city buses, car seats are not permitted; however, children on the bus will be riding with the correct staffing ratio as required by licensing. Children transported in the van, will use either your car seat or ones we have depending on availability. I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_ to ride the facility bus/van or city bus for field trips and understand that car seats/seatbelts are not permitted on buses but will be used in the van as the law states.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date