

**Welcome! In this Package you will find:**

- Child's Registration Check List
- Child Registration
- Registration Agreement
- Emergency/Medical Authorizations
- Parent/Guardian Authorizations
- Parent/Guardian Financial Agreement

**PLEASE NOTE:** The required \$25.00 non-refundable registration fee, per child, must accompany this completed document.

**Child's Registration Check List:**

*Any information collected on individual children and their families is kept in the strictest confidence. Information in files kept at the Learning Centre may include:*

- **Child's full Name and Birthdate**
- **Child's BC Care Card Number**
- **Child's home address and phone number**
- **Picture of child**
- **Parent/Guardian's phone numbers (home, work, cell, email, etc.)**
- **Emergency Contacts (names, relation, and phone numbers, etc.)**
- **Allergies**
- **Copy of LLLC child care Registration and Fee Contract (Parent Financial Agreement)**
- **Immunization Records**
- **Copies of all Parent Authorizations/Permission (for field trips, medication, photos, etc.)**

**Child's Registration:**

*Please complete the following questions. Information provided is kept confidential between you and the Daycare staff.*

**Child Information:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Surname) (Given Names) (Nickname)

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Mo Day

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

Mailing Address if Different from Above: \_\_\_\_\_

**Parent Information:**

	Mother	Father
Parent/Guardian:	_____	_____
Parent Employer:	_____	_____
Employer's Ph.:	_____	_____
Hours of Work:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____



**Registration Agreement**

In order to assure that parents clearly understand the procedures and policies of the Little Lakers Learning Centre, we ask all parents to read the policies enclosed with the packet and also to check off the following items as understood:

I understand that:

- The daycare employees should be notified if there is any change in daily schedule or pick-up routine.
- Keep children home with the following:** those with fever, diarrhea or vomiting in previous 24-hour period. Children too sick to participate in full program, including outside play, need to be kept at home.
- All children need to bring a nutritious lunch and one snack for a half day and two snacks for a full day, to daycare each day and a pair of indoor shoes. **Please note that some children have severe Peanut allergies, and we do not allow any foods that may contain nuts.**
- Parents are to inform the Centre of changes in addresses, phone numbers, employment, emergency information or any changes in family situations.
- No medication can be administered to a child without the written consent and instructions from the doctor.
- If, after a reasonable period of time, it is found that a child is unable to adjust to the Centre, the Centre reserves the right to request the withdrawal of the child(ren). This decision is left to the discretion of the Center and Managing Director.
- Head checks will be done each month. If head lice are found, the child will be sent home with a notice and we ask parents to clear their child(ren) of lice prior to returning to the Centre.
- I agree to abide by these rules and regulations.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

**Please Note:** If there is a Custody Order in place, a copy of the order must be attached to this registration.



**EMERGENCY Consent Form:**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Surname) (Given Name) (Year/month/day)

Family Doctor: \_\_\_\_\_ Ph: \_\_\_\_\_

Child's Care Card #: \_\_\_\_\_ Child's Status #: \_\_\_\_\_

Mother: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**Health Information:**

Allergies: \_\_\_\_\_ Medicine: \_\_\_\_\_ Immunization up to date: Yes / No

Other: \_\_\_\_\_

**Communicable Diseases** your child has had (i.e.: chicken pox, mumps, etc.): \_\_\_\_\_

Please answer Yes or No to the following:

Special Medication:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Vision or Hearing Problems:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Speech or Language:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Allergies:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Behavioral:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

If you answered "Yes" to any of the above, please explain: \_\_\_\_\_

**Consent for EMERGENCY TREATMENT:**

I, \_\_\_\_\_, authorize the Little Lakers Learning Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, \_\_\_\_\_, in the event of an emergency, to receive full medical attention deemed necessary by a physician at the Christina Lake Health Center or the Grand Forks Hospital. I understand that my child will be accompanied to the hospital by a childcare staff and that every effort will be made to reach me and/or my emergency contacts. I agree to accept financial responsibility for any emergency medical care necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Little Lakers Learning Centre – Licensed  
Child Care Facility

1680 Unit B Santa Rosa Corner, Christina Lake, BC V0H 1E3  
250 447-6336 [LakeDayCare@gmail.com](mailto:LakeDayCare@gmail.com)



**Parent/Guardian Special Authorizations:** *(Please Note three signatures required below)*

**Persons authorized to pick up your child and/or be contacted in case of emergency and/or sickness (persons other than mother/father):**

Name: _____	Relationship to child: _____
Home Ph: _____	Work Ph: _____ Cell: _____
Name: _____	Relationship to child: _____
Home Ph: _____	Work Ph: _____ Cell: _____
<b>Signature of Parent/Guardian:</b> _____	<b>Date:</b> _____

**PERMISSION to take Photographs/Video Taping of your Child(ren):**

I, \_\_\_\_\_, give the staff of the Little Lakers Learning Centre permission to include my child(ren), \_\_\_\_\_, in Childcare photographs/video tapings. I understand that the Childcare center may use the photographs for display purposes (newsletters, open house, parent nights, bulletin boards, Facebook, Twitter, Website, promotional/Marketing material etc.)

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION to take your Child(ren) on Outing/FieldTrip:**

I, \_\_\_\_\_, give the staff of the Little Lakers Learning Centre permission to include my child(ren), \_\_\_\_\_, in Childcare excursions. I understand that I will be notified of time, date, and destination prior to the excursion.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_