

## REGISTRATION PACKAGE - DAYCARE PROGRAMS

Please read the following to become familiar with the regulations and policies of our centre and programs (available on our website under REGISTER)

- **FAMILY HANDBOOK**
- **DAYCARE HANDBOOK**

You will need the following (PER CHILD) in order to register into the program:

- **\$35 registration fee**
- **\$100 deposit (Daycare Room 1) OR 1 month's fees (Daycare Room 2)**
- **3 color passport-sized photos of your child** (they can be computer print outs and we must be able to easily tell it is your child from the photo)
- **Registration package** (enclosed) which includes:
  1. Registration form
  2. Immunization Form
  3. Emergency Consent Card **\*\*\*BOTH COPIES MUST BE FILLED OUT\*\*\***
  4. Earthquake Emergency Form
  5. Daycare Room 1 / SAC Parent Agreement **OR** Daycare Room 2 Parent Agreement

**\*\* leave blank \*\*\***

Daycare Program - Room 1

Daycare Program - Room 2

School Age Care Program

## Port Coquitlam Children's Centre Registration Form

Date of Registration: \_\_\_\_\_  
Month/Day/Year

Days & Hours of Care: M Tu W Th F  
(please circle)

Start Date: \_\_\_\_\_  
Month/Day/Year

Drop-off time: \_\_\_\_\_

Finish Date : \_\_\_\_\_  
Month/Day/Year

Pick-up time: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(first) (last)

Gender: male female

Date of Birth: \_\_\_\_\_  
Month/day/year

What school does your child attend? (School Age Care Only) \_\_\_\_\_

### Parent/Guardian:

**Mother:** \_\_\_\_\_ Telephone #1: \_\_\_\_\_

Telephone#2: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business telephone: \_\_\_\_\_

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

**Father:** \_\_\_\_\_ Telephone #1: \_\_\_\_\_

Telephone #2: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business telephone: \_\_\_\_\_

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

**Financial information and/or any information provided on these forms may be shared with both parents/guardians.**

**financial information** \_\_\_\_\_  
(signature)

**child/ren information** \_\_\_\_\_  
(signature)

It is the duty of the parent to inform the centre of any change in the above information.

**Persons authorized to pick up child besides parents/guardians:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Restricted Access/No contact persons. Legal document maybe required:**

Name: \_\_\_\_\_ relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ relationship to child \_\_\_\_\_

**Emergency Contacts (must be other than parents);**

1. Name: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Work telephone: \_\_\_\_\_

**Medical Information:**

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Care Card #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Has this child any known health problems? Yes / No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Are there any indications of speech, hearing or vision problems? Yes/No

If yes, describe:

\_\_\_\_\_

Does your child receive any community services? (ex. Kinsight, speech therapy, etc.)

Yes/No

If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

If your child is **stung** by a **bee/wasp** while in our care and a reaction is noticeable, a staff has permission to administer Benadryl to your child? Staff will follow the dosage directions on the bottle and notify you.

Circle one:      Yes    No

Does your child have a life-threatening allergy or medical condition? Yes / No

**If yes, you will be provided with a society medical and allergy emergency plan form.**

**In case of an emergency, I give the right to the staff at Port Coquitlam Daycare to conduct whatever first aid treatment necessary. (Parents will be called as soon as possible.)**

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

**I authorize the staff at Port Coquitlam Daycare to call a medical practitioner or an ambulance in the case of an accident or an illness for my child. (Parents will be called immediately after 911 call.)**

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

**Personality Profile**

Siblings and other members in the household:

Name:

Birth Date:

_____	_____
_____	_____
_____	_____

Has your child had any previous experiences away from home?

\_\_\_\_\_

Is your child toilet trained? Yes      No      In process

How do you reward your child?

\_\_\_\_\_

How do you discipline your child/ren?

\_\_\_\_\_

\_\_\_\_\_

Religious or ethnic observances: \_\_\_\_\_

Other languages spoken at home: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Any additional information you feel the staff should know about your child?

\_\_\_\_\_

Where did you learn of our centre? (circle)

Webpage      Newspaper      Flyer      Word of mouth      Telephone book

Other \_\_\_\_\_ (specify)

**Port Coquitlam Daycare Society**

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

I give permission for my child to be photographed or video taped during the time they are involved in the centre program. The permission is granted based on the assumption that there will be no commercial use or public posting of the photographs without further written consent.

YES NO (please circle)

I understand that the pictures taken of my child in the centre are shared on the Brightwheel app for parents to view or to be displayed on the walls inside the centre. These will not be made available to the public. I give permission for this to take place with photos my child is in.

YES NO (please circle)

I am aware that from time to time, Early Child Education students visit or participate in practicum, and give permission for my child to participate in their learning experience.

YES NO (please circle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Port Coquitlam Children's Centre**  
**Local Parks Permission Slip**

I \_\_\_\_\_ (parent name) hereby give permission for my child/ren, \_\_\_\_\_, to go on local outings, fieldtrips, walks and to local parks/schools in the Port Coquitlam/Coquitlam area. I understand that all emergency procedures will be followed in the event of an accident and that on any outing the teachers will be prepared with a first aid kit and will follow emergency procedures.

I understand that the centre owns and operates private buses for transportation purposes and that the buses may or may not be equipped with seatbelts. I also understand that there will be no car seats or boosters used.

I understand that I will be notified in advance of any major field trips.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**No Peanut Butter, No Nutella, No Nut Butters** (example: almond butter)

Due to the number of children and staff with allergies, we can not accept these products in our facility. We understand that this will inconvenience families but the safety of everyone is our concern.

Please sign and return this form to indicate you have read and agreed not to send peanut butter, Nutella and/or any spreads that contain nuts to our facility.

Print parent name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Child Immunization Form

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

My child is up to date with their immunizations

My child is not immunized or up to date with their immunizations

If your child is not immunized or up to date with their immunizations and a communicable disease is present in the centre, you will be notified immediately by telephone. You will also be given written notice upon arrival or drop off.

If you choose to keep your child away from the centre during the period of the outbreak, full fees are still due.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* leave blank \*\***



### EMERGENCY CONSENT CARD

Port Coquitlam Daycare Society

Name of Facility

Child's Name: \_\_\_\_\_  
Surname First Name(s)

Birthdate: \_\_\_\_\_  
Year / Month / Day

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

Gender of Child:  Male  Female

1. Parent's Name: \_\_\_\_\_

Child lives with: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

2. Parent's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

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

1. Allergies \_\_\_\_\_

2. Medications \_\_\_\_\_

Care Card #: \_\_\_\_\_

### CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Picture  
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.



### EMERGENCY CONSENT CARD

Port Coquitlam Daycare Society

Name of Facility

Child's Name: \_\_\_\_\_  
Surname First Name(s)

Birthdate: \_\_\_\_\_  
Year / Month / Day

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

Gender of Child:  Male  Female

1. Parent's Name: \_\_\_\_\_

Child lives with: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

2. Parent's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

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

1. Allergies \_\_\_\_\_

2. Medications \_\_\_\_\_

Care Card #: \_\_\_\_\_

### CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Picture  
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

**\*\*\* leave blank \*\*\***

# Earthquake Emergency Form

Program: \_\_\_\_\_

Child's Name (first and last): \_\_\_\_\_

Birth Date (month/day/year): \_\_\_\_\_

Home address: \_\_\_\_\_

Health card #: \_\_\_\_\_

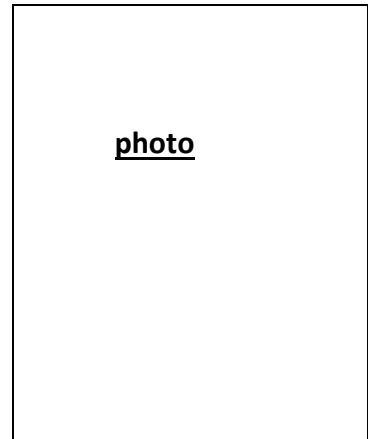
Doctor (name): \_\_\_\_\_

(Phone #): \_\_\_\_\_

Allergy or any Medical info that should be shared with first responders:

\_\_\_\_\_

\_\_\_\_\_



1<sup>st</sup> person to contact in an emergency: \_\_\_\_\_

Relation to child: Mother  Father  Other: \_\_\_\_\_

Phone #1 : \_\_\_\_\_ Phone #2: \_\_\_\_\_

2<sup>nd</sup> person to contact in an emergency: \_\_\_\_\_

Relation to child: Mother  Father  Other: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

## Alternate Emergency Contacts:

NAME	PHONE #	ADDRESS	RELATION TO CHILD
3 <sup>RD</sup>			
4 <sup>TH</sup>			

## OUT OF PROVINCE contact in the event of an earthquake or lines down in this area:

NAME	PHONE #	ADDRESS	RELATION TO CHILD

I authorize Port Coquitlam Daycare Society to use the above information, as necessary, in the event of an emergency.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**\*\*\* leave blank \*\*\***

**PORT COQUITLAM DAYCARE SOCIETY  
DAYCARE ROOM 1 / SAC PARENT AGREEMENT**

**FAMILY NAME:** \_\_\_\_\_

**Please print**

The Port Coquitlam Daycare Society is an incorporated non-profit, charitable organization that provides licensed childcare services. This Agreement stipulates the parental responsibility necessary in order for the Port Coquitlam Daycare Society to operate.

- (1) That my childcare fees shall be paid by the first day of each month. Failure to pay the childcare fees by the first of the month will result in a late payment fee of \$10.00. If monthly fees are not in by the 5th of the month, services will be suspended until full fees are paid. I understand there is a \$24.50 N.S.F. charge on returned cheques. If outstanding fees have not been paid, and if a payment schedule acceptable to the Society has not been made and adhered to, the Society may commence legal proceedings against me or turn my account and registration information over to a Collection Agency and the cost of securing the payment will be borne by me.
- (2) That in order to reserve the childcare space, the full fees must be paid in advance, for any period of time in which my child is away from the centre, including vacation, sickness or other absence or closure of the centre for any reason. I understand there will be no refund for any of these reasons. If my family is asked to leave the centre for any reason, there will be no refund.
- (3) That I will give one calendar month's notice, in writing, to the office by the last day of the month preceding the final month in which my child will be enrolled in the centre or one month's fees are due in lieu of notice. I will pay fees for the full month of the final calendar month of enrollment. There will be no refund for part month's attendance. I understand if I paid a deposit, it will be deducted from my last month's fees.
- (4) That I will abide by the centre's hours of operation and will pay a late fine of \$10.00 plus \$1.00 per minute. This amount is due and payable to the staff members on duty. Consistent late pickups will result in notice of withdrawal of childcare services being issued by the Port Coquitlam Daycare Society.
- (5) That as a member of the Port Coquitlam Daycare Society I will attend the Annual General Meeting held once a year, where I will pay a \$2.00 membership fee.
- (6) I understand that the centre will be closed on all statutory holidays, Easter Monday and National Day for Truth and Reconciliation. I also understand that the centre will close one week over the December holidays, returning on the first working day of January and one week in the summer, typically the last week of July. The centre also closes at noon for staff meetings and/or professional development 3 times per year in April, August and December. There are no fee reductions for any of these closures.
- (7) Port Coquitlam Daycare Society follows the Privacy Information Act and that it is available, upon request, from the office.  
**There will be no refunds for deposits and registration fees paid to secure spaces.**

**I HAVE READ, UNDERSTAND, AND HEREBY AGREE TO ABIDE BY THE ABOVE CONDITIONS.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date**

\*\* leave blank \*\*



**PORT COQUITLAM DAYCARE SOCIETY  
DAYCARE ROOM 2 - PARENT AGREEMENT**

**FAMILY NAME:** \_\_\_\_\_

**Please print**

The Port Coquitlam Daycare Society is an incorporated non-profit, charitable organization that provides licensed childcare services. This Agreement stipulates the parental responsibility necessary in order for the Port Coquitlam Daycare Society to operate.

- (1) That my childcare fees shall be paid by the first day of each month. Failure to pay the childcare fees by the first of the month will result in a late payment fee of \$10.00. If monthly fees are not in by the 5th of the month, services will be suspended until full fees are paid. If outstanding fees have not been paid, and if a payment schedule acceptable to the Society has not been made and adhered to, the Society may commence legal proceedings against me or turn my account and registration information over to a Collection Agency and the cost of securing the payment will be borne by me.
- (2) That in order to reserve the childcare space, the full fees must be paid in advance, for any period of time in which my child is away from the centre, including vacation, sickness, other absence or closure of the centre for any reason. I understand there will be no refund for any of these reasons. If my family is asked to leave the centre for any reason, there will be no refund.
- (3) That I will give one calendar month's notice, in writing, to the office by the last day of the month preceding the final month in which my child will be enrolled in the centre or one month's fees are due in lieu of notice. I will pay fees for the full month of the final calendar month of enrollment. There will be no refund for part month's attendance.  
I understand that if I have paid a deposit, it will be deducted from my last month's fees.
- (4) That I will abide by the centre's hours of operation and will pay a late fine of \$10.00 and \$1.00 per minute that I am late. This amount is due and payable to the staff members on duty. Consistent late pick ups will result in notice of withdrawal of childcare services being issued by the Port Coquitlam Daycare Society.
- (5) That as a member of the Port Coquitlam Daycare Society I will attend the Annual General Meeting held once a year, where I will pay a \$2.00 membership fee.
- (6) I understand that my child's daycare program runs only during the School District 43 school year from September to June. The centre will be closed on all **statutory holidays, Easter Monday, National Day for Truth and Reconciliation, and the December closure**. The centre also closes at noon for staff meetings and/or professional development 3 times per year in April, August and December. There are no fee reductions for any of these closures.
- (7) I understand that the Port Coquitlam Daycare Society follows the Privacy Information Act and that it is available, upon request, from the office.

**There will be no refunds for deposits and registration fees paid to secure spaces.**

**I HAVE READ, UNDERSTAND, AND HEREBY AGREE TO ABIDE BY THE ABOVE CONDITIONS.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date**