

Daycare Program

School Age Care Program

Preschool Program

## Port Coquitlam Children's Centre Registration Form

Date of Registration: \_\_\_\_\_

Month/Day/Year

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

Start Date: \_\_\_\_\_

Month/Day/Year

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

Finish Date : \_\_\_\_\_

Month/Day/Year

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 services through Simon Fraser Society for Community Living?

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: \_\_\_\_\_

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 displayed on the walls inside the centre for Kids and Parents to enjoy. I give permission for this to take place with photos my child are 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