



## Child Care Centre

### PRESCHOOL REGISTRATION FORM

Please sign the following statement:

I, \_\_\_\_\_, the legal guardian and/or parent of  
\_\_\_\_\_, declare that I have read and understand the  
Centre's Admission Policies and Procedures.

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

----- For Office Use Only -----

Parent orientation on \_\_\_\_\_

Preferred start date \_\_\_\_\_

Application received on \_\_\_\_\_

Wait list ( ) Yes ( ) No

\$100 Deposit ( ) Yes ( ) No

Or, post-dated cheque for 1<sup>st</sup> month's fees ( ) Yes ( ) No

\$15 Comfort Kit fee ( ) Yes ( ) No

\_\_\_\_\_

(Accounting Office Signature)

\_\_\_\_\_

(Date)

**ABOUT YOUR CHILD:**

Name of child: \_\_\_\_\_  
(last) (first) (middle)

Nickname: \_\_\_\_\_ Gender: Male ( ) Female ( )

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

Postal code: \_\_\_\_\_ **Care Card #** \_\_\_\_\_

Family Doctor or Pediatrician: \_\_\_\_\_

Is there any other information about your child that would be helpful for the staff to know in order to take better care of your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enroll my child for: MWF ( ) TTh ( )

**Car seat and Booster seat Legislation in BC (Motor Vehicle Act, Division 36)**

Rear and Forward Facing Car Seat Legislation for Younger Children	Booster Seat Legislation for Older Children
Children must ride in a car seat until they are a minimum of 6 years old <b>and</b> a minimum of 40 pounds (18 kg).	<b>Effective July 1, 2008</b> Children must ride in a booster seat until they are a minimum of 4 feet, 9 inches (145 cm) tall, <b>or</b> a minimum of 9 years old.

To comply with this legislation we are required to collect the following information about your child:

Date of birth: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year Age \_\_\_\_\_

Child's height: \_\_\_\_\_ feet, \_\_\_\_\_ inches OR \_\_\_\_\_ cm

Child's weight: \_\_\_\_\_ pounds OR \_\_\_\_\_ kg

**ABOUT YOUR FAMILY:**

<b>Mother</b>	<b>Father</b>
Name: _____	Name: _____
Home phone: _____	Home phone: _____
Cell / Pager: _____	Cell / Pager: _____
Work phone: _____	Work phone: _____
E-Mail: _____	E-Mail: _____
Place of work/school: _____	Place of work/school: _____
Occupation: _____	Occupation: _____
Work hours: _____	Work hours: _____

Name of sibling(s): \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Other adults at home: \_\_\_\_\_

Pets: \_\_\_\_\_

The Centre's staff will not release your child to an unauthorized person unless you provide us with a **written** permission prior to the event. Therefore, please provide the Centre with at least two emergency contacts, persons who are authorized to drop off and pick up your child.

**Emergency Contacts**

<u>Name</u>	<u>Relationship to Child</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Pager</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**CUSTODY RESTRICTIONS**      Yes (    )      No (    )

If yes, a copy of the court order or restrictions is attached      Yes (    )      No (    )

**ABOUT YOUR CHILD'S HEALTH:**

Does your child have any **allergies**?      Yes (    )      No (    )

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any special **health concerns or medications** that staff should be aware of?      Yes (    )      No (    )

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You are responsible for keeping a record of your child's immunizations; please attach a copy of the immunization record to this application.**

Is your child immunized?      Yes (    )      No (    )      If No, please sign the following statement:

I understand that, should there be a suspected or real outbreak of any communicable disease, I must remove my child from the Centre until cleared by medical staff.

Signature: \_\_\_\_\_

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

## PERMISSION FORM

1. I hereby give permission for my child to go on field trips arranged by the Preschool staff; I understand that I will be informed in advance of any special field trips. Yes ( ) No ( )
2. I hereby give permission to have pictures and/or videos taken of my child in the program setting for general record-keeping and publicity purposes. Yes ( ) No ( )
3. On occasion the Centre receives a request from other professionals or the community to observe the program; we attempt to do this with the least disturbance to the children's routine. I hereby give permission for my child to be present on these occasions. Yes ( ) No ( )
4. At times the staff is invited to partake in a case management meeting or the staff has to confer with other professionals about your child. I hereby give permission for the staff to confer with the following professionals about my child:
- ( ) Physician                      ( ) Public Health Nurse                      ( ) Social Worker
- ( ) Infant Development                      ( ) Speech and Language                      ( ) Financial Assistance  
Consultant                                      Therapist    Worker
- ( ) Physiotherapist                      ( ) Occupational Therapist                      ( ) ECE Students
5. In the event that your child needs medical attention, staff will attempt to contact you or your emergency contact persons. If the staff cannot reach anyone, and your child has to be taken to an emergency clinic, the staff will do so by ambulance, Cridge vehicle or taxi at the Cridge Centre's expense. We will continue to attempt to reach you and your emergency contact persons. I hereby give permission for the Cridge Centre staff to take my child to an emergency clinic. Yes ( ) No ( )

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

\_\_\_\_\_  
Date

All information about you and your family, which is provided to the Cridge Centre for the Family, will be held in the strictest confidence by all involved departments within the organization.

For more information, please see The Cridge Centre Childcare Policies and the Guidance & Discipline Statement under the Applications link on our Web site: [www.cridge.org](http://www.cridge.org).