



1307 Hillside Avenue, Victoria, BC V8T 0A2 Tel (250) 384-8058 Fax (250) 384-5267

Vic High: 1260 Grant Street, Victoria, BC V8T 1C2 Tel (250) 381-3091 Contact: Betty Hutchinson

Website: www.cridge.org

Vic High Daycare Registration Form

Family Information:

Child's Name: _____ , _____
(last name) (first name)

Date of Birth: _____ / _____ / _____ Male Female
Month Day Year

Child's Medical Number: _____

Parent / Guardian's Name: _____ , _____
Last Name First Name

Date of Birth: _____ / _____ / _____ Social Insurance Number: _____
Month Day Year

Address: _____ Postal Code: _____

Phone Numbers: Home: _____ Cell: _____

School: _____ Work: _____

Parent / Guardian's Name: _____ , _____
Last Name First Name

Date of Birth: _____ / _____ / _____ Social Insurance Number: _____
Month Day Year

Address: _____ Postal Code: _____

Phone Numbers: Home: _____ Cell: _____

School: _____ Work: _____

Child's Siblings: _____

_____ Name Age

Do you live: on your own with a partner with your parents

Professional and Health Contacts:

Social Worker: _____ Phone: _____

Financial Aid Worker: _____ Phone: _____

Youth & Family Worker _____ Phone: _____

Doctor/Pediatrician: _____ Phone: _____

Infant Development Worker: _____ Phone: _____

Other: _____ Phone _____

Emergency Pick-Up Contacts:

The Centre's staff will not release your child to anyone except you, unless you request it in writing or by phone on a particular day. Please list all persons who are authorized to pick up your child from Daycare in the case of an emergency:

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

Please provide the Daycare with a copy of court custody orders, and the name and a recent photo of anyone NOT allowed access to your child; we will try to call you if they come to the Centre:

Name: _____ Relationship to Child: _____

Description: _____

NOTE: We are obligated by law to report any suspicion of, or alleged abuse to the authorities.

About Your Child:

Was your child: Full-term Premature

Were there any complications during the pregnancy or birth: _____

Is your child: Bottle-fed Breast-fed

Which formula or milk do you use: _____

How often do you feed your child: _____

What are your child's current food preferences (be specific): _____

What is your child's current feeding routine: _____

Has your child shown signs of teething: Yes No

If yes, what do you do to relieve teething discomfort: _____

What is your child's sleeping routine: _____

What is your child's diaper change routine: _____

What else should our staff know about your child to ensure they provide the best care possible
(names of pets, favourite toy or snugly, use of soother, etc): _____

Your Child's Health Record:

Does your child have any health or medical concerns, allergies, etc: Yes No

If yes, what are they: _____

Do you have any health or medical concerns, or allergies, etc: Yes No

If yes, what are they: _____

Your child's Immunization information must be on file; please bring in a copy of their Health Passport.

Note: It is your responsibility to keep immunization information up to date.

In the event that you choose not to have your child immunized, the following waiver must be signed:

I, _____, declare that my child, _____, is not immunized. I understand that if there is a suspected or real outbreak of the above diseases, I must remove my child from the Centre until cleared by medical personnel.

Signature: _____

Date: _____ / _____ / _____
Month Day Year

It is our policy to contact the parent if a child becomes ill or needs medical attention. If we can **not** reach the parent or an authorized person, we will take the child to the nearest emergency facility. If necessary, we will use a taxi or an ambulance at the Daycare's expense. Please sign the following consent statement (our staff will take a copy of this form to the emergency facility):

I hereby give the Centre's staff permission to take my child _____, when ill or injured, to the nearest emergency facility for medical care if I or an authorized person can not be reached.

Signature: _____

Date: _____ / _____ / _____
Month Day Year

Client Release Form:

Please complete the following:

- 1. My child may go on walks and outings with the Daycare staff (advance notice given, walk routes and trips posted): Yes No
- 2. I agree the staff may keep a photo album, video tape, and journal record of my child’s progress that I can take home at the end of the school year: Yes No
- 3. On occasion requests are received from other professionals or members of the community wishing to visit or observe the Centre. I agree that if I am given advance notice, my child may be included in any pictures or videos that are taken (i.e. newspapers, school photographer, etc): Yes No
- 4. On occasion practicum and / or work experience students visit the Centre. I agree that my child may be a candidate for a case study, if I am informed and give written permission prior to the visit: Yes No
- 5. The Daycare staff are required to participate in case management and team meetings to discuss the progress and needs of the Centre’s clients. I agree that the following professionals may be consulted to ensure my child receives the best care possible:

- | | | | |
|-----------------------------------|--|----------------------|--|
| School Counselor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Worker | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student Service Team | <input type="checkbox"/> Yes <input type="checkbox"/> No | Financial Aid Worker | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Youth & Family Counselor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Doctor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Infant Development Worker | <input type="checkbox"/> Yes <input type="checkbox"/> No | School Nurse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Nations Education Counselor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Probation Officer | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Others (please specify): _____

I have received a copy of the policies and procedures, read and agree to the terms of these policies.

Signature: _____

Date: _____ / _____ / _____
Month Day Year

All information about you or your family provided to the Cridge Centre is held in the strictest confidence by all employees within the organization.

Daily Routines:

Infants:

Daily routines for infants are based on their individual schedules. We will try to compliment the child's home routine.

Toddlers:

8:00 a.m. – 9:15 a.m.	welcome, free play, and 'settle-in' time
9:15 a.m. – 9:45 a.m.	wash hands, have a snack
9:45 a.m. – 10:15 a.m.	diaper check, get ready to go outside
10:15 a.m. – 11:15 a.m.	play outside, go for a walk
11:15 a.m. – 12:00 p.m.	wash hands, eat lunch
12:00 p.m. – 12:45 p.m.	bathroom routine, story time
12:45 p.m. – 2:45 p.m.	quiet time, take a nap
2:30 p.m. – 3:00 p.m.	bathroom routine, have a snack
3:00 p.m. – 3:30 p.m.	free play, pick-up
3:30 p.m. – 4:00 p.m.	Staff clean-up time

This schedule is a guideline only and can be adapted to better meet a particular child's needs. Our scheduled closure on Fridays is at 2:00 p.m.