



South Delta Wee Clubhouse & South Delta Wee Acorn Registration Bundle

- ☐ Child's Information
- ☐ Health Information
- ☐ Emergency Contacts/Authorized Pick-up Contact
- ☐ Emergency Consent Form
- ☐ Immunization Record
- ☐ Facility Care Contract
- ☐ Agreement of Contract terms
- ☐ Permission Form
- ☐ Personal Emergency Preparedness Kit
- ☐ Family Photo & Child's photo
- ☐ Copy of custody agreement (*if applicable*)
- ☐ Fees (*PAD Agreement Form*)
 - \$100 non-refundable registration fee
 - First month's fees non-refundable deposit (will be applied to the Child's first month tuition)



Registration Package

Start Date:

Child Information

Child's First Name	Child's Middle Name	Child's Last Name
Child Responds to		
Birthdate	Sex: ☐ Male ☐ Female	

Parent/Guardian #1

Name		Relationship	
Address		City	Postal Code
Main Phone/ Cell Phone	Work Phone	Email	
Place of Work		Hours of Work	

Parent/Guardian #2

Name		Relationship	
Address		City	Postal Code
Main Phone/ Cell Phone	Work Phone	Email	
Place of Work		Hours of Work	

Siblings

Name(s)

Custody Agreement

☐ Yes (if yes please provide documentation)	☐ No
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Family Physician	Phone Number
Care Card Number	

Allergies/Dietary Restrictions (please circle) YES NO	If yes, provide information
Medication/Therapies YES NO	Consent/Instructions Regarding Medications
Does your child have a medical/developmental concern/diagnosis? YES NO	If yes, provide information
Does your child have asthma? YES NO	
Has your child had a seizure in the past year? YES NO	If yes, provide information
Immunizations Up to Date? YES NO <i>Please provide an updated copy of immunization records</i>	
Specific Religious Observations:	
Dislikes/Fears:	



Registration Package

Emergency Contact (Please provide at least one)

Name	Relationship
Cell Phone Number	Work Phone Number

Name	Relationship
Cell Phone Number	Work Phone Number

Persons Authorized to Pick Up (*Other than parents*)

Name	Relationship
Cell Phone Number	Work Phone Number

Name	Relationship
Cell Phone Number	Work Phone Number

Out of Area Contact (*Not in the lower mainland*)

Name	Relationship
Cell Phone Number	Work Phone Number

Persons Unauthorized to Pick up (if any)

Name	Relationship
Cell Phone Number	Work Phone Number



Registration Package

Child History

Describe your child's overall development (emotional, physical, social growth) to this point:	
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Is your child toilet trained? Please circle YES NO In the process of	Independent? YES NO
Needs reminders to use the toilet? YES NO	Any other information regarding potty training?

Is your child subject to any of the following? Ear/Nose/Throat Infections: _____ Bleeding Noses: _____ Urinary Tract Infections: _____ Skin problems: _____ Other medical conditions: _____ Developmental Delays: _____ Previous assessments: _____	Please explain:
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Has Your Child Been in Childcare Before? (<i>Where/for how long?</i>)	
Types of Guidance Methods Used at Home?	
Reactions to Separation?	
Describe How Your Child Communicates:	



Registration Package

CHILDCARE EMERGENCY CONSENT FORM

Child's Name		Birthdate	
Address			
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone

Emergency Contact	Cell Phone	Work Phone
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Out of Town Contact	Phone
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Child's Doctor	Phone
Allergies/Medication	Date of most recent Tetanus Shot

Child's Dentist	Phone
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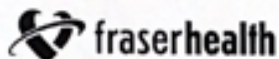
Care Card Number

1. It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

Date

Signature of Parent/Guardian

Witness



COMMUNITY CARE FACILITIES LICENSING
**CHILD IMMUNIZATION
STATUS DECLARATION**

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensee's in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

To be completed by Parent/Guardian:

Child's Name Date of Birth

Complete Immunization:

- ☐ Record on vaccinations attached
- ☐ Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine City Province (if not in Canada, include country)

Incomplete Immunization:

- ☐ My child has had some vaccinations
- ☐ My child has no vaccinations
- ☐ I do not know

Parent's/Guardian's Printed Name Date

Parent's/Guardian's Signatures



Registration Package

Items Needed from Home

- Nap Bedding – We need a crib sheet/blanket that they sleep on, and you must provide a blanket for them to cover up with, as well as any comfort items that they may need to sleep (blanket, soother, etc.) Please no large pillows as they will not fit inside of their bin/cot.
- Diapers/Rash Ointment/Wipes (Training pants or pull-ups for those who are potty training).
- Spare Clothing – including underwear and socks, 2 complete sets and at least 3 complete sets for those potty-training. Please pack a pair of inside shoes that stay at the daycare.
- Spray sunscreen and a wide-brimmed hat.
- Weather appropriate clothing - jacket/splash/snow pants (muddy buddy) hats/mitts, boots etc. – lack of weather appropriate clothing will prevent your child from enjoying our outdoor play time, please ensure you dress your child for outdoor play every day.
- Please label all items with your child's name.
- Please no bento boxes for all ages.
- If your child is under the age 2.5 years old, please pack a bib. Preferably a silicone bib as they work the best and leave the least mess.
- Please provide a "wet bag" for accidents as plastic bags have now been banned.
- 2 Kleenex boxes
- Ice pack in your child's lunch bag each day and cutlery, if needed.

Examples of food items for each mealtime:

Morning snack:

Fruit/vegetables, yogurt, cheese, eggs etc. We will have them choose these options first as it could spoil.

Lunch time:

Main meal (sandwich or a warm lunch that is in a thermos, this can consist of pasta, potatoes, meat etc.) and a small snack to go with it (dry snacks such as, crackers, granola bars and/or vegetables/fruit).

Afternoon snack:

Dry snacks (crackers, granola bars etc.) as well as pouches or fruit cups.

Please ensure that children come dressed in "play" clothes. Although we are careful while doing art and playing outside; there are instances where clothes could become dirty and stained. We appreciate your understanding. Extra supplies can be left at the daycare and replenished, when necessary, space permitting.



Registration Package

Personal Emergency Preparedness Kit

Below is a list of items that should be included in your child's Emergency Disaster Kit. In the unlikely event that there is an emergency, these kits will be used to help make this time as calming and safe for your child as possible.

Please compile all the items below into a large Ziploc bag labeled with your child's name and return to the daycare.

- Rain poncho
- Small blanket (receiving blanket and or foil emergency blanket)
- Small toy
- Family photo
- Pair of socks
- Travel sized Kleenex