



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: <input type="checkbox"/> Male <input type="checkbox"/> 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

<input type="checkbox"/> Yes (if yes please provide documentation)	<input type="checkbox"/> No
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Registration Package

Health Information

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:	



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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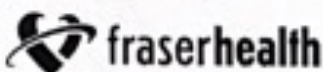
Care Card Number

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

Release of Liability Waiver/Consent Form

South Delta Wee Clubhouse and Wee Acorn Academy

I/We, the undersigned, as the parent(s) or legal guardian(s) of _____
(the "Child") do hereby give my/our full consent and approval for my/our child to participate in activities at South Delta Wee Clubhouse/South Delta Wee Acorn Academy and on classroom outings.

I/We understand that there are certain risks of play that **may** result in damages and injuries in the participation of my/our child during these activities and I/we hereby accept these risks on behalf of my/our child.

"Activity" or "Activities" include but are not limited to inside or outdoor playtime at Wee Clubhouse/Wee Acorn Academy (the "Premises"), outdoor playtime away from the Premises, community walks, special events/days, soccer at the Delta Manor field, Taekwondo, and any other regular preschool programming.

I am aware that there are inherent and significant risks associated with the Activities (the "Risks"). I am aware that those Risks include but are not limited to the potential for serious personal injury to the Child caused by any event, or condition on the Premises, land, or equipment, where the activities take place.

NOTICE TO PARENT(S)/GUARDIAN(S)

It is a condition to the Child's participation in the Activity that you, the undersigned parent(s)/guardian(s) of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

I/We hereby certify that my/our child is fully capable of participating in activities at South Delta Wee Clubhouse/South Delta Wee Acorn Academy and that my/our child is healthy and has no known/hidden physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.

Note: All references herein to "South Delta Wee Clubhouse and South Delta Wee Acorn Academy" include any organization, society or association involved in the operation of and/or provision of services at the childcare facility and all of their respective official, directors, officers, employees, volunteers and agents.

Anyone under 19 years of age- infant, child or youth – is defined as child in legal terms.

Please list any and all restrictions below that may affect your child's physical participation that we should be aware of:

Release of Liability Waiver/Consent Form

South Delta Wee Clubhouse and Wee Acorn Academy

I/We hereby, for myself/ourselves and on behalf of my/our child, agree to save and hold harmless and fully indemnify South Delta Wee Clubhouse/South Delta Wee Acorn Academy and Staff, Licensee, Subcontractors, Owners and Partners from any and all liability for any personal injury or injury to any third-party child resulting from my/our child's actions/participation in the above-mentioned activities.

Parent/Guardian Responsibility for Child

I/We, the undersigned Parent(s)/Guardian(s) of the Child, understand and accept that, in respect of the Child's participation in the Activities, it is my/our responsibility (1) to ensure that I/we consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

Aware of Risks

I AM/WE ARE AWARE OF AND NOW FREELY ACCEPT AND ASSUME FOR ME/US AND THE CHILD RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITIES, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activities, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activities, poses risks of harm to the Child;
- (2) the nature of the Activities are such that the South Delta Wee Clubhouse and South Delta Wee Acorn Academy cannot identify all risks associated with the Activities and cannot guarantee that South Delta Wee Clubhouse and South Delta Wee Acorn Academy staff participating in the Activities will not make errors therein or that other children participating in the Activities will not cause injuries therein others that staff can or might be able to prevent.

I/WE, THE UNDERSIGNED PARENT(S)/GUARDIAN(S), AM/ARE THE PARENT(S) AND/OR LEGAL GUARDIAN(S) OF THE CHILD AND FOR THE CHILD I/WE HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITIES, AND, FOR MYSELF/OURSELVES AND THE CHILD, IN RETURN FOR SOUTH DELTA WEE CLUBHOUSE/SOUTH DELTA WEE ACORN ACADEMY ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I/We, and my/our heirs, next of kin, executors, administrators and assigns ("Legal Representatives") now waive all legal rights to sue. I/we or the Child or our respective successors and assigns may have against the South Delta Wee Clubhouse and South Delta Wee Acorn Academy in connection with any loss, injury, damage, or expense that I/we or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activities; and
- 2) I/WE HEREBY RELEASE the South Delta Wee Clubhouse and South Delta Wee Acorn Academy from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I/we or the Child may suffer, incur or experience in connection with the Child's participation in the Activities; and
- 3) FOR MYSELF/OURSELVES, I/WE AGREE TO INDEMNIFY South Delta Wee Clubhouse and South Delta Wee Acorn Academy for and hold it harmless from any and all losses, injuries, damages

Release of Liability Waiver/Consent Form

South Delta Wee Clubhouse and Wee Acorn Academy

and expenses of any kind that South Delta Wee Clubhouse and South Delta Wee Acorn Academy may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activities.

- 4) I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province of British Columbia. I hereby irrevocably submit to the exclusive jurisdiction of the courts of British Columbia. Any litigation to enforce this waiver must be instituted in the Province of British Columbia.
- 5) I/we confirm that I/we have had sufficient time to read and understand each term in this waiver in its entirety and have agreed to the terms freely and voluntarily. I understand I have the right to consult with my/our own lawyer concerning the terms and my/our rights within this waiver. I understand that this waiver is legally binding on my/our Legal Representatives and myself/ourselves.

Signed this _____ day of _____
Date Month Year

Signature of Parent or Guardian #1

Signature of Parent or Guardian #2

On behalf of _____
Child's Printed Name

Reviewed for Completeness by Manager – Signature



Moving to the Next Age Group (only to be completed by families who will be attending and registering their child under the age of 3 years old.) **This forms completion is a requirement of registration and securing your child's spot.**

When your child reaches 2.5-3 years old and is moving into our Group Room (30 months to school age) this how the process works.

Our Infant-Toddler Program is designed as the first step in a long-term early childhood education journey that continues through our 3-5 Program. This continuity is vital not only for your child's development but also for the viability of our center. In order to ensure every child has a place when they are ready to transition, we take on the financial burden of holding a spot open, first in the Infant-Toddler Program as we wait until the child is of age and then again in the 3-5 Program as your child approaches age three.

Because of this significant financial and operational commitment, our contract specifies that families enrolling in the Infant-Toddler Program are committing to remain in our care until June of the year their child turns five. This policy allows us to maintain the high quality and stability of care that all children in our center deserve.

Breach of Contract

In the event of a breach of contract (e.g., early withdrawal from the program), the following will apply:

- **Fees Due:** Any lost program fees incurred by the provider for holding a spot will become immediately due. This includes any unclaimed Child Care Fee Reduction Initiative (CCFRI) amounts that cannot be collected due to the child's early departure.
- **Government Funding:** Please note that government funding (e.g., CCFRI) is not provided for unoccupied spots. Therefore, full program fees (without funding deductions) for the months the spot was held open will be charged up to a maximum of four months.
- **Collections:** If payment is not received by the due date, the account will be forwarded to collections.

We sincerely appreciate your understanding and commitment to our program. These policies ensure we can continue offering high-quality care to every child and maintain the integrity of our center's operations.

Registration Commitment

Name of Child: _____

Childs Birthdate: _____

Date: _____

Parent One Signature

Date:

Parent Two Signature

Date:

Childcare Provider Signature

Date:



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.



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.

- **Bottle of water**
- **Small snack (Granola or energy bar, crackers – must be perishable)**
- **Rain poncho**
- **Small blanket (receiving blanket and or foil emergency blanket)**
- **Small toy**
- **Family photo**
- **Pair of socks**
- **Travel sized Kleenex**