

**CREATIVE KIDS
BEFORE AND AFTER SCHOOL CARE
REGISTRATION FORM**

NAME OF CHILD:	
BIRTHDATE: (Day/Month/Year)	USUAL NAME OF CHILD (IF DIFFERENT):

PERSONAL INFORMATION	
GENDER	START DATE:
ADDRESS:	PHONE NUMBER:
PARENT OR GUARDIAN:	PARENT OR GUARDIAN:
ADDRESS (IF DIFFERENT)	ADDRESS (IF DIFFERENT)
HOME PHONE (IF DIFFERENT):	HOME PHONE (IF DIFFERENT)
WORK ADDRESS/ALTERNATE LOCATION	WORK ADDRESS/ALTERNATE LOCATION
PHONE (INCLUDE LOCAL)	PHONE (INCLUDE LOCAL)
CELLULAR/PAGER:	CELLULAR/PAGER:
PERSON(S) WHOM CHILD LIVES WITH:	PERSON(S) WHOM CHILD LIVES WITH:

EMERGENCY HEALTH INFORMATION			
CARE CARD NUMBER:			
FAMILY DOCTOR/CLINIC NAME:		FAMILY DENTIST/CLINIC NAME:	
ADDRESS:	PHONE:	ADDRESS:	PHONE:

CONSENT FOR EMERGENCY CARE	
I authorize the staff at the child care center to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), <u>if the parent cannot immediately be reached.</u>	
SIGNATURE OF PARENT/GUARDIAN:	DATE:
MANAGER OF FACILITY:	

PERSON(S) AUTHORIZED TO PICK UP CHILD (other than parent/guardian listed above)		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

CUSTODY AGREEMENT:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IF YES, SUPPLY A COPY OF THE CUSTODY ORDER TO THE FACILITY/LICENSEE				

ALTERNATE PERSON(S) TO CALL AND PICK UP CHILD IN CASE OF <u>EMERGENCY</u>		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

* Please let these people know they are your child's emergency contact.

CHILD'S IMMUNIZATION STATUS (Please record dates (Year/Month/Day) or attach copy of immunization)					
IS YOUR CHILD IMMUNIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MMR (Measles/Mumps/Rubella)	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.		
4.	4.	4.	4.		
5.	5.	5.	5.		
COMMENTS:					

HEALTH INFORMATION (Please attach a separate sheet, if necessary)
REGULAR MEDICATION(S) AND REASONS FOR (PLEASE LIST):
ALLERGIES AND TREATMENT OF (PLEASE LIST):
INJURY(S), ILLNESS(ES) OR OPERAITONS YOUR CHILD HAS HAD AND INCLUDE DATE(S): <ul style="list-style-type: none"> a. Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.) b. Please describe any concerns you may have regarding your child's development (i.e., behaviour, vision, hearing, speech, language, mobility, etc.): c. Describe any specific care instruction regarding a) and/or b):
OTHER HEATH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE, E.G., OCCUPATIONAL, THERAPIST/PHYSICAL THERAPITS:

GROUP EXPERIENCES
WHAT IS/ARE YOUR CHILD'S FAVOURITE ACTIVITIES:
HAS YOUR CHILD HAS PREVIOUS GROUP EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW DID HE/SHE ADAPT?
HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN (E.G., SEEKS OTHERS OUT, FEELS SHY):

EMOTIONAL
HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?
DOES YOUR CHILD HAVE ANY PAJRTICULAR FEARS? PLEASE DESCRIBE:
WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?

FAMILY AND GENERAL HOUSEHOLD INFORMATION

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (E.G., SIBLINGS, GRANDPARENTS, ETC.):

PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME:

PRIMARY LANGUAGE SPOKEN IN THE HOME:

OTHER LANGUAGES:

ANY OTHER COMMENTS:

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

SIGNATURE:

PRINT NAME:

DATE:

NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation. All information is kept strictly confidential.

FACILITY USE ONLY

Staff person reviewing family's document:

SIGNATURE:

PRINT NAME:

DATE:

CHILD'S WITHDRAWAL DATE:

REASON FOR WITHDRAWAL:

CREATIVE KIDS
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PERMISSION FORM AND PARENT'S AGREEMENT

I, _____, give permission for my child, _____
to take part in the following: (Please initial below):

Supervised Field Trips on Professional Days (when applicable). All outside trips will be noted in each monthly newsletter.

Nature Walks around neighbourhood.

Photographs taken of my child that may be used for our website or projects in the classroom.

Parent(s), please sign: _____

**** PLEASE INITIAL WHERE INDICATED ****

In case of injury to my child while in the care of Creative Kids Before and After School Program, I hereby waive all claims against the school in excess of public liability insurance (\$2,000,000) carried by Creative Kids Before and After School Program. Please Initial: ►()

I agree to submit post-dated cheques for September (or month child starts) to June and to give **one full month's notice** of withdrawal of my child from Creative Kids Before and After School Program. After the 30-day notice has been received, we will return all unused cheques. There will be a \$20.00 charge on all returned (N.S.F.) cheques. Please Initial: ►()

A \$25.00 registration fee is required to ensure your child a place and is not refundable. Please Initial: ►()

There will be no refund on monthly fees or any portion thereof, regardless of sickness, school holidays or family vacations. Please Initial: ►()

Cancellation Notice

One full calendar's month must be given for withdrawal of your child. **There will be no withdrawals after March 31st.** Please Initial: ►()

I have read and understood the policies and procedures as set forth in the Creative Kids' Parent Handbook. Please Initial: ►()

Signed: _____

Date: _____