

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

CHILD'S ACTUAL START DATE: _____

Your child will not be accepted until this registration form is completed and returned to the centre.

Please include a small photo, preferably a headshot, for identification purposes.

1. **CHILD'S FULL NAME:** _____ Male Female

Nickname: _____

Date of Birth: _____ Age: _____
Month/Day/Year Years/Months at start date

Your child's birth certificate may be requested to verify age.

Primary Language used at home, if other than English: _____

2. **MOTHER'S NAME:** _____

Address: _____
Please include Postal Code

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email: _____

3. **FATHER'S NAME:** _____

Address: _____
Please include Postal Code

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email: _____

4. Persons **AUTHORIZED** to collect your child & to be used as an emergency contact: (please include yourself / spouse)

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

4. _____ Relationship: _____ Phone: _____

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

5. Is there anyone you **DO NOT WISH** to collect you Child? _____

Name of person(s) and relationship to child: _____

Your child will not be released to an unauthorized person. (Taxi drivers sent to pick up children are not authorized persons.)

Children **WILL NOT** be released to some one **SUSPECTED** of being inebriated or to children under the age of 12 years.

Is there a court order or separation agreement in effect that denies someone access to your child?

A copy of the document must be provided for our records.

6. Family Doctor: _____ Phone: _____

Medical/Care Card Number: _____

Known health problems (allergies, vision, hearing etc): If allergies/health concerns are noted, the supervisor will discuss your child's needs with you.

7. Emergency Authorization: In case of any emergency when a Doctor's attention is required, I hereby authorize the Supervisor or the Assistant on duty to obtain the necessary help. All ambulance costs incurred are the responsibility of the parent/guardian.

Signature of Parent/Guardian: _____

8. Has child begun toilet training? _____ Yes _____ No

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

9. HEALTH RECORD OF Child's Immunizations

Dates of each immunization must be given.

A photocopy of immunization records is acceptable.

	2 months	4 months	6 months	18 months
Diphtheria (give dates)	_____	_____	_____	_____
Pertussis (give dates)	_____	_____	_____	_____
Tetanus (give dates)	_____	_____	_____	_____
Polio (give dates)	_____	_____	_____	_____
Haemophilus Influenzae Type b (Hib)	_____	_____	_____	_____
Date		Type		Date
Measles _____		Others: _____		
Mumps _____		Others: _____		
Rubella _____		Others: _____		

10. Names and ages of brothers and sisters:

Other people living in the household:

11. Previous experience away from home:

12. Do you think your child feels comfortable leaving you? _____ Yes _____ No

Comments: _____

13. Special Comments, instructions or concerns about behaviour, speech, sensitivities, etc.

14. Has there been any recent change in Family Status that may affect your child emotionally?

_____ Yes _____ No

Please inform the supervisor of any changes that may occur. All information given is treated as confidential.

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

15. Are there any activities that you do not want your child to participate in because of cultural beliefs? (i.e. holidays, themes) _____ Yes _____ No Please specify:

16. Do you have any special interests that you would like to share with us.(cooking, woodwork, pottery, arts/crafts, music, etc.)

17. The local media are often invited to photograph our Centres on special occasions, e.g. Christmas, Easter, field trips, etc. Are you willing to allow your child's photograph to appear in the local media? _____ Yes _____ No

18. In what capacity would you be interested in serving a term for the Board of Directors of the Comox Valley Children's Day Care Society

On which committee

_____ [The list of committees is presented on pages 5 and 6 of the Enrollment Agreement.]

CHILD'S NAME: _____
Surname Given name

Amount of Days Required:

Number of **full days** per week _____; which days _____

Date child is to begin: _____

Drop off Time of Child: _____

Pick up Time of Child: _____

Will this child be subsidized by the Ministry of Human Resources?

_____ Yes _____ No

If eligible for subsidy

Date of application _____ Worker _____

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

I have read the Enrollment Agreement, a copy of which I have in my possession,

- 1. I agree to participate in fund raising to keep fees moderate**
- 2. I give permission for my child to go on excursions**
- 3. I agree to exclude ALL NUT/PEANUT products from Tigger Too Early Learning Centre**

and I agree to abide by the clauses of the Enrollment Agreement and the Registration Form.

Signature of Parent or Guardian: _____

Date: _____

Please let us know how you learned of us: _____ Telus Yellow Pages
_____ Friend/family _____ Web site
_____ Brochure _____ Newspaper Advertising
Other: _____

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

Volunteer Requirement

Memo To: All Parents
From: The Board of Directors

Please complete this form and return it with your child's registration
The following is an excerpt from the enrolment agreement

Parent Participation

Members of the Society, by virtue of enrolling a child in one of the Society's Centres, are encouraged to assist with their centre/society operations. ***In order to keep parent fees down***, we need parents to participate in helping the Fundraising Committee with events. We **require** volunteers for our Board of Directors. ***Only with parent assistance can we maintain moderate fees.***

We count on fund raising to assist with our overall annual budget. Active fundraising helps keep our fees down.

Over the years our Fundraising Committees have held a variety of events. These change annually and we are always looking for new ideas, energy and motivation. Some of the events that have happened over the past few years are;

Cookie Dough, Purdy's, Santa's Breakfast, Hot Chocolates (Just to name a few)

EFFECTIVE SEPT 1 2017 – All members of the society will be required to volunteer a minimum of 2 hours per year for various events or centre tasks or pay \$25 annual fee. When registering your child you will be required to give a post dated cheque (June 1) or \$25 cash. This will be kept until the end of the year and will be returned if volunteer hours are met.

Please indicate if you are available to help and we will contact you with information about the dates that we need volunteers.

Please indicate how you would like to help

On the Board of Directors : _____

Other: _____

Your Name : _____

Email : _____

Child's Name: _____

Signed : _____ Date _____

**COMOX VALLEY CHILDREN'S DAY CARE SOCIETY
REGISTRATION FORM
Tigger Too Garden Room**

PERMISSION TO APPLY SUN BLOCK

I, _____, give permission to the caregivers at

Tigger Too Early Learning Centre to apply sunblock to my child
_____.

I have received and read the listed active ingredients posted on the bulletin board.

Parents Signature

Date

- To avoid the time and frustration trying to apply individual sunblock we purchase bulk sunblock.
- If you would like us to apply sunblock to your child please sign this permission slip.
- If you are able to make a monthly donation towards the cost of the sunblock it would be appreciated.