



DAYCARE REGISTRATION FORM

ATTACH
PHOTO
HERE

Date Of Enrollment: _____ Date of Withdrawal: _____

Name of Child: _____

Birthdate: _____ Gender: Male Female

You MUST complete both sides of this form. Please notify us when you change addresses, telephone numbers or workplace!

Please circle one of the following:			Please circle one of the following:		
Parent	Guardian	Foster Parent #1	Parent	Guardian	Foster Parent #2
Name:			Name:		
Address:			Address:		
Home Number:			Home Number:		
Work Number:			Work Number:		
Cell Number:			Cell Number:		
Place of Work:			Place of Work:		
Doctor's Name:			Doctor's Phone Number:		
Care Card Number:					

PERSON/S AUTHORIZED TO PICK UP CHILD AND EMERGENCY CONTACT	
NAME(S)	PHONE NUMBER(S)
1.	
2.	
3.	
4.	
5.	

PERSON/S PROHIBITED FROM HAVING ACCESS TO CHILD	
** Please Note: If the person prohibited from having access to your child is a birth parent, we must have a court order that speaks to the prohibition**	
NAME(S)	RELATIONSHIP TO CHILD
1.	
2.	

OTHER CHILDREN IN THE FAMILY	
NAME	BIRTHDATE (mm/dd/yy)
1.	
2.	
3.	

Has your child had experiences away from home or in a child care facility? (circle one) YES NO

If yes, please elaborate: _____

What are your child's swimming capabilities: _____

Are there any special instructions concerning care, behavior, medication, diet or CUSTODY? (circle one) YES NO
If yes, please ATTACH DOCUMENTATION

HEALTH HISTORY

1. Does your child have any known health problems of depressed immune system? Yes No

If yes, **ATTACH DOCUMENTATION**

2. List communicable diseases your child has had (i.e. chickenpox, slap cheek, mumps, etc.) _____

3. Has your child had any recent illnesses? Yes No **If yes, please list: _____

4. Any allergies? Yes No **If yes, please list: _____

5. What are your child's eating habits: _____

6. Favorite Foods: _____ Strong Dislikes: _____

7. Are there any other concerns the staff should be aware of (i.e. sleep patterns, cooperation, etc.)? _____

IMMUNIZATION RECORDS

I have attached a copy of my child's Record of Immunizations.

OR

I have chosen not to immunize my child. Signature: _____

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below indicates that I have read and understood the Boys and Girls Clubs of Central Vancouver Island's Parent Handbook and agree to abide by the policies set forth in the Parent Handbook.

I have received and read this Handbook (please check): Daycare Parent Handbook

My signature below authorizes the Boys and Girls Clubs of Central Vancouver Island to obtain a Physician and/or Ambulance in the event of an emergency.

I also hereby understand that the Boys and Girls Clubs of Central Vancouver Island (the "Club") will not be responsible for lost or stolen articles while my child/youth participates in Club programs. In consideration of my child/youth's admission, I/we acknowledge and agree that he/she may use all facilities used by the Club, when permitted, **AT HIS OR HER OWN RISK**, and shall not cause or permit proceedings on behalf of myself and/or my child/youth to be brought against the Club, its members, volunteers or employees.

I also hereby understand and agree that my family's personal information collected on this document is for the sole use of the Boys and Girls Clubs of Central Vancouver Island, and it is for the purpose of the delivery of Club programming under the Community Care Facility Licensing Act.

Date

Signature of Parent/Guardian

Signature of Licensed Manager



Dear Parents/Caregivers,

Within the Boys & Girls Club programs, at times we require permission from parents and guardians for things such as outings, permission to take photographs of children for the newspapers or our website, or even for permission to apply sunscreen on your child.

Please fill in the form below indicating whether or not you would like your child to take part.

I, _____, the parent/guardian of _____,
Parent Name Name of Child(ren)

hereby advise the Boys & Girls Clubs of Central Vancouver Island (BGCCVI) of the following:

- I give permission for my child to sit in the middle seat in a BGCCVI van without a booster seat when all the boost seat locations are occupied by younger/smaller children. This will not apply once my child turns nine (9).
 Yes No Not Applicable
- I permit the BGCCVI to photograph my child/ren for the newspaper.
 Yes No
- I permit the BGCCVI to take my child/ren on outings throughout Vancouver Island.
 Yes No
- I permit the BGCCVI to apply sunscreen on my child/ren.
 Yes No
- I permit the BGCCVI to photograph my child/ren for display in BGCCVI locations.
 Yes No
- I permit the BGCCVI to photograph my child/ren for display on the BGCCVI website.
 Yes No
- I permit the BGCCVI to photograph or film my child/ren for the creation of a television commercial.
 Yes No

I also understand that by my signature below, I agree to indemnify and save harmless the Boys & Girls Clubs of Central Vancouver Island (BGCCVI), its Board of Directors, staff and volunteers from and against any and all claims or liability issues that may arise.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Boys & Girls Clubs
of Central Vancouver Island

Child and Family Information Form

Dear Parent,

You will notice that Boys and Girls Clubs of Central Vancouver Island is now requesting you to complete two types of information on your children and families. The first is our standard registration form that you have always filled out when your children start attending our programs. The second form that we are asking you to complete is our “child and family information”.

Boys and Girls Clubs of Central Vancouver Island is gathering demographic information on the children and families who attend our programs in an effort to better meet your needs. We are not collecting identifying information on anyone. The information you share with us does not indicate your name, only general information about who you are. Your participation in this survey is completely voluntary and should you chose not to take part, your access and participation to our programs and services will not be affected.

We hope that you will take the time to fill out this form. If you have any questions, please feel free to contact either our Director of Operations (Sarah Foster) or our Executive Director (Ian Kalina) at 250-754-3215.

Please put an “X” by the statement that most closely reflects your circumstances.

For example:

Do you have access to a computer?

Yes

No

Postal Code: _____

(Please put an X on one of the following)

Caregiver Composition:

- Single Parent _____
- Two Parent _____
- Grand-Parent _____
- Foster Parent _____
- Blended Family (1 or more families together) _____
- Other _____

Family Income Range:

- \$0 - \$9,999 _____
- \$10,000 – 24,999 _____
- \$25,000 - \$39,999 _____
- \$40,000 - \$59,999 _____
- \$60,000 - \$74,999 _____
- \$75,000 - \$99,999 _____
- \$100,000 – over _____

Parent’s Level of Formal Education:

- No formal education _____
- Elementary School _____
- High School _____
- College _____
- University - Undergraduate _____
- University – Graduate _____
- University – Post Graduate _____

Parent’s Employment:

- Unemployed _____
- Full time employment _____
- Part-time employment _____
- Casual employment _____
- More than 1 employer _____
- Shift work _____
- Student _____
- Homemaker _____
- Foster parent _____

Reason for Child Care:

- Work _____
- School _____
- School-readiness _____
- Socialization for child _____
- Respite _____
- Self employment _____
- Other? (please explain) _____

Number of Children:

- One _____
- Two _____
- Three _____
- Four _____
- More than four _____

Child’s Known Special Circumstances/Needs:

(Select as many as apply)

- Autism _____
- AD/HD _____
- Food Allergies _____
- Environmental Allergies _____
- Behavioural Concerns _____
- Custody Concerns _____
- Developmental Concerns _____
- Emotional Concerns _____
- Fetal Alcohol Spectrum Disorder _____
- Physical Disabilities _____
- Social Concerns _____
- Other (Please explain): _____

Ethnicity/Heritage:

- Caucasian _____
- First Nation _____
- Metis _____
- Asian _____
- Black _____
- Indo-Canadian _____
- Other (Please explain) _____

Transportation:

- I have my own car _____
- I use public transit _____
- I walk _____
- N/A (Please explain) _____

Do you have Internet Access?

- Yes _____
- No _____

Program Your Child(ren) Attends:

- Daycare _____
- Preschool _____
- Before/After School Care _____
- Evening Programs _____
- Teen Programs _____
- Family Place _____