

# Registration Form- Day Care



Date: \_\_\_\_\_

## **Contact Information**

Child's Name (first middle last): \_\_\_\_\_ Birthday: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Physical Primary Address: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## **Health and Safety**

Health Care Number: \_\_\_\_\_ Province of Coverage: \_\_\_\_\_

1. Are your child's immunizations up to date? **Yes** **No**

When was your child's last (if known):

Rubella \_\_\_\_\_ Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Tetanus \_\_\_\_\_

Pneumococcal \_\_\_\_\_ Flu Shot \_\_\_\_\_

2. Does your child have any allergies? **Yes** **No**

If yes, describe (allergen and reaction): \_\_\_\_\_

3. Does your child have any chronic health conditions that we should be aware of?

**Yes** **No** If yes, describe (name and any additional care your child may require during our program hours): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is your child on any regular medications? **Yes** **No**

*Note: Does your child have any regular medications? If yes, please obtain the appropriate form to list name, dosage, route, frequency, and reason for medications. You may also list as needed acetaminophen, ibuprofen, and/or diphenhydramine on an as needed basis for teething discomfort, chronic headaches, allergies, etc. (These medications will be dosed according to the package instructions and/or child's weight as appropriate)*

*If you answered yes to questions 2, 3, or 4, please ask a staff member for the required corresponding forms.*

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## **Nutrition**

1. Does your child require a specific diet?      **Yes**      **No**

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Will you be sending packed snacks and/or meals?      **Yes**      **No**

*Note: Meals and snacks are provided, however, parents are free to provide food for their own child(ren) so long as it is labeled with the child's name. Celiac, and Diabetic diets are available for an additional fee.*

## **Parent/Guardian #1**

Name (first middle last): \_\_\_\_\_

Home address (Legal Land description where applicable): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing address (if different from home address): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Home Work Cellular

Secondary Phone Number: \_\_\_\_\_ Home Work Cellular

Primary Email Address: \_\_\_\_\_



## **Parent/ Guardian #2**

Name (first middle last): \_\_\_\_\_      **Address Same as above**

Home address (Legal Land description where applicable): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing address (if different from home address): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Home Work Cellular

Secondary Phone Number: \_\_\_\_\_ Home Work Cellular

Primary Email Address: \_\_\_\_\_

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Are there any court orders or legal documents pertaining to the child that may affect the child care provider?      Yes      No

*If yes, please provide copies of the appropriate documents. (i.e. custody orders, no contact orders, legal guardianship, etc.)*

## **Emergency Contact:**

Name (first middle last): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address (Legal Land description where applicable): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing address (if different from home address): \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Home Work Cellular

Secondary Phone Number: \_\_\_\_\_ Home Work Cellular

## **Consents:**

I/we, \_\_\_\_\_, as parent(s)/guardian(s) of the child, \_\_\_\_\_, hereby give Country Kids Child Care permission:

- a. To administer medical attention in the form of first aid in the event of an emergency where the child is injured. The staff performing First Aid will be fully certified to do so.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Signature

- b. To administer medical attention in the form of cardio pulmonary resuscitation in the event of an emergency where the child is unresponsive. The staff will be fully certified to do so.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Signature

- c. To phone for assistance in the case of an emergency in the form of an ambulance, police or fire.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Signature

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- d. To walk to and from as well as participate in activities such as circle time, skating, and sports with my child at the two local playgrounds and sport's grounds, bus stops, schools, library and arena in the Village of Standard when there is adequate supervision as determined by licensing.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Signature

- e. To walk with my child within Standard Village limits to bus stops, Standard School and Standard Library/Preschool where there is adequate supervision as determined by licensing.

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Signature

- f. To provide meals for my child per the Program Menu or an arranged menu in special circumstances (allergies, intolerances, etc.)

\_\_\_\_\_  
Parent/Guardian Signature                      Parent/Guardian Signature

I/we, \_\_\_\_\_ agree to communicate with the CKCC team respectfully and in a timely manner per my/our child's needs and should any issues or concerns arise. Further, we acknowledge and release Country Kids Child Care from liability where minor injury and risks are involved in play and interactions with our facility animals (injury involving minor scrapes, bruises, abrasions, splinters, lacerations requiring minor first aid in the form of cold therapy, excision with tweezers, band-aids, etc.)

### FEES:

0-4.5 years: 5-10 days/month= \$480.75

0-4.5 years: 11+ days/month= \$369.25

0-4.5years: DROP IN= \$55/day

**Part-time and full-time registration:** I/we also acknowledge and agree to provide my/our child's schedule for attendance by the 25<sup>th</sup> day of each month for the next month, (per the parent calendar). In providing this schedule I/we commit to paying for the pre-scheduled days by the end of the first Friday of the month. Any days added after the calendar is submitted are pending space in the program.

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**Drop-in registration:** I/we agree to ensure adequate space is available in the program prior to bringing my child to the facility. This may include checking the online calendar in conjunction with texting or phoning the facility for confirmation as space is often limited. I/we commit to paying drop in fees on the day the care was provided (unless other arrangements have been made with L. Erin Jensen and are in writing).

I/we agree to adhere to CKCC policies per the Parent Guide and will respect the staff, children, and other parents to ensure a beneficial experience for everybody.

\_\_\_\_\_  
Parent/ Guardian #1 Name

\_\_\_\_\_  
Parent/ Guardian #1 Signature

\_\_\_\_\_  
Parent/ Guardian #2 Name

\_\_\_\_\_  
Parent/ Guardian #2 Signature