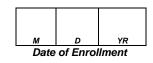
## **Out of School Care**





Registration Form-Shawnigan Lake Community Centre Childcare *License* #1381414
PERSONAL INFORMATION

CHILD'S NAME: _			BIRTHDATE: (MM/DD/YR)		Male: 🗌 Fema	ale: 🗌
ADDRESS:	School Child Attends:					
_				eacher:		
<del>-</del>				Grade:		
PARENT / GUARDIAN:			PARENT GUARDIAN			
Home Phone:			Home Phone	:		
Work Phone:			Work Phone	:		
Cell Phone:			Cell Phone	:		
E-Mail Address:			E-Mail Address	:		
Place of Employment:			Place o Employment			
Home Address:			Home Address	:		
(if different from child)			(if different from child	d		
Name of other		Age:	Name of othe Children in Family		Age:	
Children in Family:		Age:	Children in Family	•	Age:	
CUSTODY OF C	ner:	With the Fath		,	Other:	
If there is curre	ently a court orde	er regarding custody o	of your child, what are the condi-	tions (please attach	documentation):	
EMERGENCY IN	NEORMATION	<b>N</b>				
			CHILD'S MEDICAL			
CARE CARD #:			DOCTOR:			
			PHONE #:			
EMERGENCY CONTACT #1:			EMERGENCY CONTACT #2:			
Relation to Child:			Relation to Child:			
PHONE #:			PHONE #:			
ALT PHONE #:			ALT PHONE #:			

## **AUTHORIZED PICK UPS** Please note that the people you list below are the only ones authorized to pick up your child, unless you notify us beforehand. Please do not include your own names below. Person(s) authorized to call or pick-up your child (the more the better-attach separate sheet if needed): Name: Name: Phone# Phone# Name: Name: Phone# Phone# Name: Name: Phone# Phone# **HEALTH HISTORY:** What special considerations should we be aware of to better meet your child's needs? (Check appropriate boxes) 1. Does your child have any known health problems? Yes: No: If yes, please explain: 2. Does your child have any allergies? Yes: No: If yes, please explain: 3. Has your child had any recent illnesses that we need to be aware of? No: Yes: If yes, please explain: 4. List any communicable diseases that your child has had: Yes: №: П If yes, please explain: 5. Are there any indications of vision or hearing problems? 6. Please list any other health issues that you feel we should be aware of: **IMMUNIZATION RECORDS:** Is your child immunized? Yes: No: Licensing requires that all If **YES**, a copy of immunization records **must** be attached to this application. registration forms are returned with a current photo of the If **NO**, please sign the following statement: child. I have chosen not to participate in the immunization program. I understand that should there be a Suspected/real outbreak of any communicable disease, I will be required to remove my child from **Photo Attached** the Childcare Centre until it is deemed safe to return by a medical professional. Parent/Guardian Signature Date

## **EMERGENCY CONSENT**

I authorize the caregiver to obtain any of the following services for my child as necessary- Public Health Nurse, Physician and/or Ambulance in the event of an emergency. Any costs incurred for such services shall be sole responsibility of myself.

Date	Parent/Guardian Name	Parent/Guardian Signature	Caregiver's Signature

## **POLICY AND PROCEDURES** Please read the following policy and procedures located in your Parent Handbook. Please sign below, indicating you understand and agree to the following: Discipline Policy Sick Child Policy Arrival/Departure Policy Transportation Policy **Peanut Aware Policy** Snow Policy Medication Policy Billing Procedure Registration Policy Late Pick Up Policy Photo Taking Policy Sunscreen Policy I do consent to having my child photographed I do consent to having staff of the Childcare Centre assist my child with applying sunscreen I do not consent to having staff applying sunscreen, my child I do not consent to having my child will be responsible for applying themselves photographed I have read all of the above policies and procedures and agree to support these policies while my child is attending care at the Shawnigan Lake Community Centre Childcare Program. Date Parent/Guardian Name Parent/Guardian Signature If you have any questions or concerns regarding our policies and procedures, please let the Childcare Coordinator know and she would be happy to discuss with you further. FIELD TRIPS The Childcare Centre goes on various out trips throughout the year, that very in location and could include places such as the Nanaimo Aquatic Centre, Transfer Beach, the Bug Zoo, and Duncan Lanes. A full list of out trips will be included in the weekly/monthly calendar. By signing below, you are consenting for your child to be transported by bus, to these various locations. I understand that my child will be participating in activities that may have a high risk, including the risk of physical injury, illness, loss of life, and property damage. Some of the activities may involve risks associated with physical contact, contact with physical structures, or may require a higher level of athleticism, skill and knowledge. I agree to release and hold harmless the Cowichan Valley Regional District and South Cowichan Recreation, its employees, officers, agents, affiliated community association, and volunteers, from any claims for injury, loss or damage that my child may sustain while participating, including claims of negligence. Parent/Guardian Name Parent/Guardian Signature Date SWIMMING POLICY If the group is visiting a pool or beach for a planned swimming event, a lifeguard will accompany the group If the group is visiting a beach and no lifeguard is present, the children will not go in water deeper than their knees. When swimming at a beach, your child will be required to perform a swimming test facilitated by the lifeguard in order to go in water deeper than their waist. Please indicate your child's swimming ability: **Strong Swimmer Capable Swimmer Weak Swimmer** Non-Swimmer (deep water/pool) (up to shoulder/shallow end of big pool) (waist deep/shallow end of big pool) (shallow water/small pool only) My child has completed Red Cross Swimming Level: My child requires a lifejacket: Additional Comments: Please sign below stating that you understand this policy and that you consent to your child swimming under these conditions.

Parent/Guardian Name

Date

Parent/Guardian Signature