



## Registration Form

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**For office use only:**

Date of Enrollment: \_\_\_\_\_

Date of Starting: \_\_\_\_\_

**Personal Information**

Full Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Name Child: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Id: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Marital status: ( ) married ( ) single ( ) divorced ( ) separated

( ) widowed ( ) other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Id: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Marital status: ( ) married ( ) single ( ) divorced ( ) separated

( ) widowed ( ) other \_\_\_\_\_

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Care for \_\_\_\_\_ will start on \_\_\_\_\_  
And will continue on a month to month basis until this contract is void.

Agreed upon services and days/times are as follows:

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Drop off time will be \_\_\_\_\_

Pick up time will be \_\_\_\_\_

Monthly rate is \_\_\_\_\_ to be withdrawn on the  
\_\_\_\_\_ of each month.

Or if providing a **Cheque** please mark the following YES ( ) / NO ( ).

And will be paid as follows: \_\_\_*automatic withdrawal from financial institution*\_\_\_\_\_

Please see for a copy of the handbook, philosophy, constitution and bylaws  
as well as any needed forms, links, contact directory and helpful information.

\*\* Please note fees will be taken out on the 1<sup>st</sup> of every month by posted dated cheque or  
direct deposit. \*\*

subsidy for that day if the parent informs the provider that the child or their parent  
was ill or on holidays. It is up to the parent to ensure that the provider is informed if  
the child is away because of illness or vacation. If the provider is not informed, the  
parent will be responsible for the regular fee. The fee for missed days that are not  
covered by subsidy is to be paid before the end of the month.

The parent is responsible for any fees over and above what subsidy pays on behalf  
of the family. The parent portion is due on the first of the month.

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Parent signature to attest to understanding and agreeing to the above policy.

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### Drop off and Pick up Policy

Please notify me if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child.

A parent or guardian must authorize up to 3 individuals to pick up their child from child care. Authorized individuals will be required to present valid identification to pick up any child from the child care.

I authorize the following individuals to pick up my child from the child care:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If an authorized individual without valid identification or an unauthorized individual comes to pick up my child from child care, I can be contacted at this number:

\_\_\_\_\_

All parents and guardians must make sure that a staff person recognizes that the child has been dropped off or is being picked up from child care.

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Date

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### Emergency Information Card

Place Child's Photo Here	Child I.D. Card		
	Name: _____		
	Address: _____		
	City/State/Zip: _____		
	Home Phone #: _____		
	Mom's Cell: _____		Dad's Cell: _____
Birthday: _____	Mom's Name: _____	Dad's Name: _____	Sex: _____
_____	_____	_____	_____
Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____
_____	_____	_____	_____
<b>Medical Alert:</b> <b>Medications:</b>			

*I consent to emergency medical treatment for my child and allow Little Caterpillars Family daycare to act as guardian*

*for emergency situations until I can be reached*

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### **Little Caterpillars Checklist for permission slips:**

\*I agree to allow \_\_\_\_\_ to apply children's sunscreen to my child  
\_\_\_\_\_ As needed throughout the summer weather  
*(please write child's name on sunscreen with permanent marker)*  
*(Please note if there is a specific type of sunscreen used for your child so we keep separate from the regular pile of sunscreen)*

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\*I agree to allow \_\_\_\_\_ to apply children's bug spray to my child  
\_\_\_\_\_ as needed throughout the summer  
*please write child's name on bug spray with permanent marker)*  
*(please note if there is a specific type of bug spray used for your child so we can keep separate from the regular pile of sprays)*

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\*I agree to allow \_\_\_\_\_ to apply diaper rash cream when needed  
to my child \_\_\_\_\_ as needed for Infants and toddlers  
*(please write child's name on cream with permanent marker)*  
*(please note if there is a specific cream (or diaper wipe) needed for your child so we keep it separate from the other creams and wipes)*

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\*I give permission for my child to join their group on nature walks and neighbourhood outings with responsible staff.

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\*I have read the parent handbook, agree to and understand all of the policies, procedures, rules and registration requirements.

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\*I give permission for my child to be photographed for artwork/websites or collages used by little caterpillar's family child care.

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### **Alternative Play Space Authorization**

\*\*This form is to be used if a specific park or playgroup setting will be used for outings on a continual basis.

I, \_\_\_\_\_ give

\_\_\_\_\_  
(Parent's name)

\_\_\_\_\_  
(Care Provider's name)

permission to take my child, \_\_\_\_\_ on short field trips and other  
(Child's name)

Outings as part of the Daycare program. This includes transportation by car, bus, taxi, or on foot

and is granted only if my child will be appropriately restrained in any vehicle.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Care Provider Signature

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### Medication Authorization Form

Medication will only be administered if it has been prescribed by a registered medical practitioner and is in its original container.

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Parent's name) (Care provider's name)

to administer \_\_\_\_\_ to my child \_\_\_\_\_  
(Medication) (Child's name)

with the following instructions:

Dosage: \_\_\_\_\_

Time(s): \_\_\_\_\_

Special Instructions (ie: on full/empty stomach, etc.) \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Time and date administered:

Date	Time	Provider Initials

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### Emergency Medical Treatment Authorization

<b>Name of Child:</b>		<b>Name child responds to:</b>	
<b>Sex:</b>	<b>Birthdate:</b>	<b>Enrollment Date:</b>	
<b>Address:</b>			
<b>Parent Name:</b>		<b>Occupation:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	
<b>Parent Name:</b>		<b>Occupation:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	
<b>Person(s) whom the child lives with:</b>			
<b>Languages spoken in the home:</b>			
<b>Doctor's Name:</b>		<b>Phone:</b>	
<b>Care Card Personal Health Number:</b>			
<b>Allergies/Reaction/Treatment:</b>			
<b>Diagnoses or concerns regarding specific attention:</b>			

#### EMERGENCY CONTACTS OTHER THAN PARENT

Name	Relationship to Child	Home Phone	Cell Phone

#### PERSONS NOT TO PICK UP CHILD FROM Little Caterpillars Family Child Care

Name	Relationship to Child	Phone

**\*Please note:** If there is a Custody Agreement, please give details below. A copy of the custody order must be left with the center's manager.

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<b>Child's Immunization Status</b>					
(Please record dates (year/month/day) or attach copy of records)					
IS YOUR CHILD UP TO DATE ON IMMUNIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT IMMUNIZED					
DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MMR <small>(Measles/Mumps/Rubella)</small>	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:					
Parents signature: _____					

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### Emergency Health Information

Doctor's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Care Card Number: \_\_\_\_\_

Dentist's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent for Emergency Care

I \_\_\_\_\_ authorize the staff of Little Caterpillar's Family Child Care to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Information (Please attach a separate sheet if necessary)

1) Regular medication (s) and reasons for (please list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Allergies/Reactions and treatment (please list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

\_\_\_\_\_

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4) Any concerns regarding your child's development (behavior, speech, language, mobility, etc) (please list and describe):

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5) Please list any specific care instructions regarding #1-4: \_\_\_\_\_

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6) Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) : \_\_\_\_\_

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### **Group Experiences**

1) Has your child had previous Daycare experiences? If yes, how did he/she adapt?

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2) What is/are your child's favorite toys/activities? \_\_\_\_\_

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3) How does your child behave around other children (seeks others out, feels shy, etc)?

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### Emotional

1) How does your child react when left with unfamiliar people and/or in unfamiliar situations? \_\_\_\_\_

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2) What suggestions do you have that would help us ease your child's transition into the program? \_\_\_\_\_

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### Family Information

1) Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc): \_\_\_\_\_

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2) Primary language spoken at home:

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3) Other languages spoken at home:

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## Registration Form

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**Any Other Comments**

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**Signature of Parent Providing Information**

<hr/>	<hr/>
Parent Signature	Date

**Please Note:** Fraser Health Authority Licensing Staff may review this information as per legislation.

<hr/>	<hr/>
Little Caterpillar's Manager Signature	Date



## Registration Form

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### Photo Documentation Consent

Documenting the Centre's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only.

I, \_\_\_\_\_ understand that photos may be taken of my child as they take part in the daily activities at the daycare. I give the staff Little Caterpillar's Family Child Care permission to take photos and display in the classroom.

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Parent Signature

Date

### Facebook Photo Documentation Consent

Little Caterpillar's Family Child Care has its own Facebook page. This page is a place to communicate, see updates on the daycare, view pictures of your child's day, and for people to see firsthand what is Little Caterpillar's Family Child Care all about. To post any photos, Little Caterpillar's Family Child Care needs your written consent to do so. Please fill out the appropriate section below.

I, \_\_\_\_\_ give Little Caterpillar's Family Child Care permission to post photos of my child, \_\_\_\_\_, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

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Parent Signature

Date

OR

I, \_\_\_\_\_ do not give Little Caterpillar's Family Child Care permission to post photos of my child, \_\_\_\_\_, on their Facebook page.



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### Checklist

**In order to satisfy registration requirements please bring in:**

- Registration form for each child for each room
- Copy of care card or provide PHN
- Copy of birth certificate
- Copy of immunization status or fill in form provided in registration form
- Does your child have any medication or special requests?
- 2 clear pictures of child's face
- 1 family picture
- Direct payment form (void cheque) completed and/or subsidy approval form completed
- \$50 (or \$75 for multiple children) registration deposit

**On your first day – please bring:**

- Quiet time blanket or stuffy if needed (to stay at daycare if possible)
- Labeled water cup to be kept in cubby
- Diapers/formula/wipes and a bottle to stay at daycare (if your child is that age)
- Rain boots and rain coat – wet pants, mitts and toque in winter (To come to or kept at daycare daily as needed)
- Minimum of one pair of pants, shirt, socks (underwear for older kids) (to stay in cubby and be replaced when needed)
- One change of clothes in a labeled ziplock bag for our emergency kit
- Lunch and snack to be packed daily in a lunch kit
- Sunscreen, summer hat and swimsuit and towel in summer

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