



LICENSED CHILD CARE REGISTRATION PACKAGE

Welcome to the Simply Fun Childcare Centers Inc. We are excited to offer your child a space in one of our Child Care Programs. We look forward to building a relationship with you and your family.

Your child's space is being held in your program of choice for three (3) days as outlined on your confirmation email. If this package is not received within three (3) days, your space will be made available to another family.

To complete your child's registration in your chosen program we require the following pages to be provided as outlined below.

- ☐ Registration Form
- ☐ Authorized Pick Up List
- ☐ Child's Personal Information
- ☐ Child's Health Information
- ☐ Getting to Know Your Child
- ☐ Parent Permissions
- ☐ Payment Information
- ☐ Emergency Card and 2 Recent Colour Photos of Your Child and
- ☐ Enrollment Policy Sign Off – From Family Info Package

If you have multiple children registering, a separate package is required for each child.

Provincial Child Care Subsidy, Ministry of Children and Family Development (MCFD)

Families who may need subsidy are encouraged to apply right away. Parents who receive the subsidy are responsible for the full child care fees until subsidy is in place, which in our experience can take several weeks. We will refund the subsidy portion of the payment to parents once subsidy is in place. Please contact MCFD at 1-888-338-6622 or [online](#) for more information. **Once you have completed this package, drop off your package to a location listed below. Please mark your package "Attn: Registration Services" or email your package to simplyfunplayschool@shaw.ca**

Registration Services

3308 Kingsley St. Victoria, BC, V8P 4J9

Phone: 250-370-1855

Email: simplyfunplayschool@shaw.ca

*Available via phone or email.

Monday - Friday: 8:30 AM - 4:30 PM



LICENSED CHILD CARE REGISTRATION PACKAGE

REGISTRATION FORM

PROGRAM INFORMATION

CHILDCARE CENTRE	CHILDCARE PROGRAM
START DATE (YY/MM/DD)	END DATE

CHILD INFORMATION

Child's Surname	Child's First Name	
Child prefers to be called:		
Birthdate (YY/MM/DD)	Gender	Potty Trained <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	Postal Code
Main Phone/Cell Phone	Care Card Number	

PARENT/GUARDIAN #1

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

PARENT/GUARDIAN #2

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

HOW DID YOU HEAR ABOUT OUR SIMPLY FUN CHILD CARE?

<input type="checkbox"/> Website	<input type="checkbox"/> Friends	<input type="checkbox"/> Current/Past Member	<input type="checkbox"/> Other (please specify):
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OFFICE USE ONLY

Start Date (YY/MM/DD)	Monthly Fee
REGISTRATION SERVICES USE	
<input type="checkbox"/> All Required documents submitted	
Missing Information:	
Follow up:	
<input type="checkbox"/> Complete Package sent to the center's teacher(s)	
Date: _____ Initials: _____	



LICENSED CHILD CARE REGISTRATION PACKAGE

AUTHORIZED PICK UP LIST

Child's Surname	Child's First Name
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AUTHORIZATION

I authorize the following people (in addition to Parent/Guardian 1 AND 2) to pick up my child and/or to be contacted in case of an emergency:

CONTACT #1

Surname		First Name	
Address		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

CONTACT #2

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

CONTACT #3

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child			

PLEASE INDICATE PERSON(S) TO WHOM WE **MAY NOT** RELEASE YOUR CHILD (NAME AND DESCRIPTION)

Surname	First Name
Description:	

Surname	First Name
Description:	



LICENSED CHILD CARE REGISTRATION PACKAGE

PLEASE INDICATE ANY PERSON(S) TO WHOM ACCESS IS DENIED (NAME, DESCRIPTION AND RELATIONSHIP)

Surname	First Name
Relationship	
Description	

COURT ORDER IN EFFECT? Please Circle YES NO
If YES, please attach copy

Surname	First Name
Relationship	
Description	

COURT ORDER IN EFFECT? Please Circle YES NO
If YES, please attach copy

Parent / Guardian Signature: _____ Date: _____



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CHILD'S PERSONAL INFORMATION

Child's Surname	Child's First Name
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CHILD'S HOME INFORMATION

Child lives with?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian #1	<input type="checkbox"/> Guardian #2
Other siblings in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other adults in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>If yes, please include name(s):</i>					
Surname			First Name		
Surname			First Name		

IF THERE IS A CUSTODY AGREEMENT

Is there a copy of the agreement attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details:		

IF YOU HAVE JOINT CUSTODY, PLEASE SPECIFY ARRANGMENTS TO PICK UP CHILD

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IF YOU DO NOT HAVE A LEGAL CUSTODY AGREEMENT BUT HAVE AN INFORMAL SEPARATION AGREEMENT PLEASE PROVIDE SPECIFICS

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LICENSED CHILD CARE REGISTRATION PACKAGE

CHILD'S HEALTH INFORMATION

Child's Surname	Child's First Name
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BC CARE CARD PERSONAL HEALTH NUMBER

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IMMUNIZATION RECORDS

The Community Care and Assisted Living Act – Child Care Licensing Regulation (VIHA) requires that we have immunization records for each child in our program.

Please enter the dates of immunization in the assigned space, or **submit a copy of your child's immunization records available from your local health unit.** *PENTA; Combines Pertussis, Diphtheria, Tetanus, Polio, Haemophilus Influenza B in one dose.*

Date/Age	Date/Age
PENTA or DPTP _____	Measles _____
PENTA or DPTP _____	Mumps _____
PENTA or DPTP _____	Rubella _____
PENTA or DPTP _____	Hepatitis B _____
DPTP _____	TB _____
Other _____	

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

☐ My child's immunizations are *not* up-to-date. **Signature:** _____

FAMILY DOCTOR

Name	Phone
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WALK-IN CLINIC (if you do not have Family Doctor)

Name	Phone
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DOES YOUR CHILD HAVE ANY ALLERGIES?

Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify: _____
	Severity of reaction: _____
Other Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify: _____
	Severity of reaction: _____
Does your child have use an epi-pen or inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DOES YOUR CHILD HAVE ANY HEALTH OR MEDICAL ISSUES SUCH AS?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Special Medications	<input type="checkbox"/> Hearing
<input type="checkbox"/> Other	Please Specify: _____			

DOES YOUR CHILD RECEIVE SUPPORT FROM AGENCIES SUCH AS: Queen Alexandra Centre for Children's Health, Speech Language Pathologist, Occupational Therapist

Please Specify: _____

OTHER HEALTH PROFESSIONALS INVOLVED WITH CHILD:

Name	Phone
Name	Phone



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GETTING TO KNOW YOUR CHILD

To ensure your child and family can grow and be successful in our program please complete the following in as much detail as possible.

Has your child participated in social group settings (such as play groups, recreational programs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what were their successes and challenges?
Has your child been in child care before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what were their successes and challenges?
What are your child's favorite activities?
Does your child have a regular nap?
Does your child have any food preferences and/or dietary concerns?



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PARENT PERMISSIONS

Child's Surname	Child's First Name
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IMAGE RELEASE:

I _____ (parent/guardian) give my permission for video, photo and digital images of my child to be taken during the program for in-house purposes within the Simply Fun Childcare Centers. I understand that the video, photo and digital images of my child will not be published without my express written permission.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIPS:

I _____ (parent/guardian) give my permission for my child to accompany child care staff on short neighborhood trips (i.e. library, local park). I understand that all excursions will be carefully pre-planned and adequately supervised. I understand that I will be informed of field trips that require public transportation and/or take place outside of the immediate neighborhood of the child care centre.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO ADMINISTER SUNSCREEN:

I _____ (parent/guardian) give the Simply Fun Child Care Staff permission to apply sunscreen to _____ (child) on an as-needed basis. If sunscreen is not provided by the family, the staff will administer sunscreen.

Parent/Guardian Signature: _____ Date: _____

PARENT COMMITMENT:

I have received and read the Early Child Care Family Handbook. I accept and agree to abide by the policies as stated.

Parent/Guardian Signature: _____ Date: _____

PARENT CONSENT:

In permitting my child to attend Simply Fun Child Care, I, the undersigned, permit my child to participate in the full range of child care activities and authorize the Supervisor or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the Simply Fun Child Care is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the Simply Fun Child Care; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the Simply Fun Child Care programs.

Parent/Guardian Signature: _____ Date: _____

PRIVACY POLICY

At the Simply Fun Child Care, your privacy is, and always has been, very important to us. We are dedicated to providing you with superior service while protecting your privacy and safeguarding your personal information by following responsible information handling practices in keeping with privacy laws.



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CHILD CARE PAYMENT METHOD

Child Surname		Child First Name	
Payer Surname		Payer First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
<i>In accordance with Canada Revenue Agency guidelines, Child Care Tax Receipts will be issued in the name of the Payer.</i>			

PAYMENT OPTIONS

Child Care payments may only be made by E-TRANSFER only, to our email address: simplyfunplayschool@shaw.ca



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EMERGENCY – PERMISSION CARD		
Please attach child's colour photo to this form		
Child Name:	Gender:	DOB: Y / M / D
Address:		
Home Phone:	Medical Number:	
Parent/Guardian Name:	Work/Cell Phone:	
Parent/Guardian Name:	Work/Cell Phone:	
Emergency Contact:	Phone:	
Date of most recent Tetanus Shot:		
Child's Doctor:	Phone:	
Child's Dentist:	Phone:	
Medical Conditions/Allergies/Medications:		

PERMISSION FORM	
<p>1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.</p> <p>2. I hereby authorize the staff at _____ child care facility to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.</p>	
Date: _____	Parent Signature: _____