



# Parent Registration Package

Nurture Nook Academy | 200-1623 McKenzie Ave, Victoria, BC

## Child Care Registration Package

### 1. Enrollment Summary

Child's Full Name		Parent/Guardian	
Registration Date		Parent/Guardian	
Preferred Start Date		Parent/Guardian	
Program	<input type="checkbox"/> Infant/Toddler (Under 36 Months) <input type="checkbox"/> Preschool / 36 Months to School Age	Parent/Guardian	

### Fee Chart and Payment Setup

Program	Monthly Fee	Fee Reduction	Parent Portion
Infant (Under 18 Months)	\$1895	\$900	\$995
Toddler (Under 36 Months)	\$1846	\$900	\$946
Preschool / 36 Months to School Age	\$1187	\$545	\$642

Enter your current approved fee schedule, registration fee, deposit, and payment terms before sharing with families.

### Registration Checklist

- Completed Registration Form
- Completed Emergency Card
- Child's recent photo
- Copy of immunization record
- Allergy / medical care plan (if applicable)
- Custody or court order documents (if applicable)
- Parent Handbook acknowledgment
- Registration fee: \_\_\_\_\_
- Deposit / last month fee: \_\_\_\_\_
- Payment arrangement due date: \_\_\_\_\_ Method:  EFT  Cheque  Other: \_\_\_\_\_



# Child Information

First Name		Last Name	
Preferred Name		Date of Birth (YYYY/MM/DD)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Medical Card Number	
Home Address		Postal Code	
Immunized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Physician	
Physician Phone		Recent Photo Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Family and Legal Information

Siblings (name and date of birth)	Persons not permitted access to child
1. 2. 3.	
Custody restrictions / legal conditions	Previous child care experience / transition notes



## Routines, Health, and Development

First language / Other languages	
Allergies or sensitivities	
Symptoms / emergency response notes	
Eating habits / favorite foods / dislikes	
Nap / sleep routine	
Toileting / diapering notes	
Temperament, fears, or anxiety	
What comforts or soothes your child?	

## Interests and Personality

Describe your child's personality	
What does your child enjoy / special interests?	
Anything else you want us to know to support a successful transition?	



# Parent / Guardian Information

## Parent / Guardian 1

First Name		Last Name	
Relationship to Child		Email	
Home Address		Postal Code	
Cell Phone		Home Phone	
Employer / Occupation		Work Phone / Hours	

## Parent / Guardian 2

First Name		Last Name	
Relationship to Child		Email	
Home Address		Postal Code	
Cell Phone		Home Phone	
Employer / Occupation		Work Phone / Hours	



# Emergency Contacts & Pick-Up

Please list people we may contact in an emergency and/or authorize to pick up your child.

## Emergency Contact #1

First Name		Last Name	
Relationship to Child		Phone	
Address		Authorized Pick-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency Contact #2

First Name		Last Name	
Relationship to Child		Phone	
Address		Authorized Pick-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional Authorized Pick-Up Persons

Name	Phone	Relationship / Notes



# Permissions & Consents

Consent Item	Yes	No
Permission to apply sunscreen	<input type="checkbox"/>	<input type="checkbox"/>
Permission to apply diaper cream / ointment supplied by parent	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use photos for classroom display / internal documentation	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use photos for newsletters / centre communications	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use photos on our website / social media	<input type="checkbox"/>	<input type="checkbox"/>
Permission to receive group emails / newsletters / notices	<input type="checkbox"/>	<input type="checkbox"/>
Permission to contact the ambulance / emergency medical services if parents cannot be reached	<input type="checkbox"/>	<input type="checkbox"/>
Permission to participate in neighbourhood walks / field trips	<input type="checkbox"/>	<input type="checkbox"/>
Permission for non-emergency first aid to be administered by staff	<input type="checkbox"/>	<input type="checkbox"/>

## Parent / Guardian Signature

Printed Name		Date	
Signature		Relationship	



Attach the full immunization record. This page provides a parent summary and an allergy / medical plan reference.

## Health Information

Known medical conditions / diagnoses	
Recent illness or communicable diseases	
Allergies	
Special instructions in case of an allergic reaction	
Medical / support documentation attached	

## Immunization Record Summary

Visit / Age Range	Date (YYYY/MM/DD)	Vaccines / Notes
Infant immunizations		
12 month / booster		
4-6 years / other		

## Immunization Declaration

My child's immunization record is attached.  My child is not fully immunized / I have attached additional explanation if applicable.



# Payment & Policy Acknowledgement

## Payment Terms

Registration fee	
Deposit / last month's fee	
Fee due date each month	
Accepted payment methods	
Fee notes / subsidy / ACCB details	

## Parent Acknowledgements

- I understand that the Parent Handbook forms part of the enrolment package, and I agree to review and follow centre policies.
- I understand that fees, closures, vacation policies, and notice requirements are governed by the signed enrolment agreement / parent handbook.
- I confirm that the information in this registration package is complete and accurate to the best of my knowledge.
- I will notify the centre promptly of any changes to contact, medical, custody, or emergency information.

## Signature

Parent / Guardian		Date	
Centre Representative		Date	
Comments			



Keep a printed copy readily accessible for staff use.

First Name		Last Name	
Preferred Name		Date of Birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Hair / Eye Colour	
Address		Medical Card #	
Family Physician		Physician Phone	
Allergies / Medical Conditions		Not permitted access	
Parent / Guardian 1		Phone	
Parent / Guardian 2		Phone	
Emergency Contact 1		Phone	
Emergency Contact 2		Phone	

## Child's Allergy Information and Care Plan

### Child's Information

- Name:
- Date of Birth:
- Allergies:
- Severity of Reactions: [Mild/Moderate/Severe/Anaphylaxis]

### Emergency Contacts

Parent/Guardian: ● Name:

- Phone:

Secondary Contact: ● Name:

- Phone:

## Allergy Action Plan

• Mild Reaction: • [Instructions]

• Severe Reaction: • [Instructions]

## Medications

• Medication: • Name:

• Dosage:

• Instructions:

Child's Name: \_\_\_\_\_ Initial Care Plan Date: \_\_\_\_\_

## Annual Review and Confirmation

This form must be reviewed and updated annually to ensure accurate allergy management.

• **Has your child's allergy information changed?**  Yes  No  If yes, please provide updated details: \_\_\_\_\_

• **Does your child still require the listed medication(s)?**  Yes  No  If no, please specify: \_\_\_\_\_

• **Any additional notes or instructions?** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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● **Does your child still require the listed medication(s)?**  Yes  No ○ If no, please specify: \_\_\_\_\_

● **Any additional notes or instructions?** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_