

# Registration Form for Aster Meadow Early Learning and Care

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## Registration Form/Consents

Childs First Name:

Middle:

Last:

Nickname: M ☐ F ☐

Birth Date:

Names of Siblings, Ages and Birthdates

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**\*\*\*PLEASE PROVIDE TWO PICTURES OF YOUR CHILD TO HAVE ON FILE \*\*\***

## PARENTS OR GUARDIANS

**1. First Name:**

**Last:**

Relationship to Child:

Address:

City:

Postal Code:

Home Phone:

Cell:

Work Phone:

Employer:

Email:

**2. First Name:**

**Last:**

Relationship to Child:

Address:

City:

Postal Code:

Home Phone:

Cell:

Work Phone:

Employer:

Email:

Out of Campbell River Emergency Contact (in case of disaster and there is no telephone contact in town)

Name:

Relationship to child:

Home Phone:

Work/Cell phone:

Address:

**AUTHORIZATION FOR PICKUP OR IN EMERGENCY/NO CONTACT**

Your child will ONLY be released to a written authorized person. (Parent/guardian and/or emergency contact). In case of a safe release of child circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf, and please make these people aware that they have been named as such.

Name Address Phone #

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**PERSON(S) NOT ALLOWED CONTACT WITH CHILD**

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**MEDICAL INFORMATION**

Doctor: Office Phone:  
Clinic Name:  
Care Card #:  
Allergies:  
Medical Problems:  
Medications:

**ADDITIONAL INFORMATION:** Please indicate likes/dislikes, fears, potty training or diapering specifics, special interests, or other.

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**IMMUNIZATIONS**

Licensing requires that we have a photocopy of your child's most recent immunization record in our files. Please include a photocopy with this registration form for Aster Meadow Early Learning and Care to have in your child's file. If you do not have the records, a copy can be obtained from your local health unit. If you choose not to immunize your child I need to know this to ensure the safety of your child.

**EMERGENCY CONSENT:**

It is my policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. My procedure is to call 911 and have the child transported to the nearest emergency service.

I HEARBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Consent Form**

Please initial next to each area of consent upon agreement.

I give Aster Meadow Early Learning and Care my consent to;

1. Take my child on local field trips within walking distance \_\_\_\_\_
2. Take photos of my child for daycare use only (arts and crafts, etc.) \_\_\_\_\_  
*photos used on the Facebook page are unidentifiable*
3. Apply Sunscreen/repellants or lotions provided by the parent/guardian \_\_\_\_\_
4. Contact our emergency contact numbers in case of emergency \_\_\_\_\_
5. Release my child to only those given written consent to pickup \_\_\_\_\_
6. Administer prescription/non-prescription medications with proper documentation (an administration of medication form will be provided for each circumstance) \_\_\_\_\_
7. Allow my child to use the outdoor water play area (kiddy pool) \_\_\_\_\_
9. Take my child to an alternative play space such as play group/play park \_\_\_\_\_
10. I have read and understood the Repayment Policy \_\_\_\_\_

Pickup/Drop off Times and Payment

It is further agreed that your child will start attending care with Aster Meadow Early Learning and Care (Date of Enrollment) on \_\_\_\_\_.

Days care will be provided for the following days:\_\_\_\_\_.

Arrival Time will be at \_\_\_\_\_.

Pickup time will be at \_\_\_\_\_.

Your payments will be due before or by the first of each month in advance, in the amount of \_\_\_\_\_

Please ensure that you have read and agree with all of the policies and have no questions regarding them.

I/We \_\_\_\_\_/\_\_\_\_\_

Have read and agree with the above statements

\_\_\_\_\_

\_\_\_\_\_

Parent/guardian signatures

Date

If the child is in custody of both parents, then BOTH signatures are required.