Community Care Facilities Licensing

Registration Form for Child Care

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FACILITY NAME	
FULL NAME OF CHILD	USUAL NAME OF CHILD *(if different)*

PERSONAL INFORMATION

CHILD'S DATE OF BIRTH	GENDER	STARTING DATE

ADDRESS	FACILITY USE ONLY WITHDRAWAL DATE
POSTAL CODE	TELEPHONE ( )

PARENT OR GUARDIAN	PARENT OR GUARDIAN
ADDRESS *(if different from above)*	ADDRESS *(if different from above)*
TELEPHONE ( )	TELEPHONE ( )
WORK ADDRESS / ALTERNATE LOCATION	WORK ADDRESS / ALTERNATE LOCATION
TELEPHONE *(Include Local / Extension)* ( )	TELEPHONE *(Include Local / Extension)* ( )
CELL PHONE / PAGER ( )	CELL PHONE / PAGER ( )
HOURS AT THIS LOCATION	HOURS AT THIS LOCATION

EMERGENCY HEALTH INFORMATION

CARE CARD NUMBER	
FAMILY DOCTOR / CLINIC NAME	DOCTOR / CLINIC TELEPHONE ( )

CONSENT FOR EMERGENCY CARE

I authorize the staff at the child care centre to call a medical practitioner or ambulance and transport child to emergency medical care, in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.	Yes ☐	No ☐

ALTERNATE PERSONS(S) AUTHORIZED TO PICK UP CHILD. Check all that apply

(other than parent/guardian listed above, include emergency pick-up)

Name	Relationship	Telephone	Authorized to Pickup	Authorized to Call in an Emergency
			☐	☐
			☐	☐

PERSONS(S) WHO ARE NOT PERMITTED ACCESS TO MY CHILD

Name	Relationship	Telephone

CCFL CC 103a - Registration Form for Child Care
Revised January 2024

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CUSTODY OR OTHER LEGAL ORDERS

Yes☐ No ☐	If yes, supply a copy of the order to the facility Manager / Licensee

CHILD'S IMMUNIZATION STATUS

Is your child up to date on immunizations?	Yes ☐ No ☐ Not Immunized ☐

COMMENTS

HEALTH INFORMATION *(attach a separate sheet, if necessary)*

REGULAR MEDICATION(S) AND REASONS FOR *(please list)*

ALLERGIES AND TREATMENT OF *(please list)*

INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD AND INCLUDE DATE(S)

1. Please describe any concern(s) / issues regarding your child's health (seizures, asthma, vision, hearing, etc)

2. Please describe any concerns you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, mobility, etc.)

3. Describe any specific care instruction regarding 1) and/or 2) above

OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE *(e.g. occupational therapist / physical therapist)*

ANY OTHER INFORMATION I SHOULD KNOW

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

SIGNATURE	PRINT NAME	DATE

Note: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.

FACILITY USE ONLY *(Facility has provided a copy of the following)*

1. Repayment Agreements Yes ☐ No ☐
2. Behavioural Guidance Yes ☐ No ☐

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ADDITIONAL INFORMATION ABOUT YOUR CHILD (OPTIONAL)

GROUP EXPERIENCES

WHAT IS/ARE YOUR CHILD'S FAVOURITE TOY(S) / ACTIVITIES

HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCE?
Yes ☐ No ☐ IF YES, HOW DID HE/SHE ADAPT?

HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN? (E.G. SEEKS OTHERS OUT, FEELS SHY)

EMOTIONAL

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE

WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?

FAMILY AND GENERAL HOUSEHOLD INFORMATION

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (E.G. SIBLINGS, GRANDPARENTS, ETC)

PLEASE DESCIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME

PRIMARY LANGUAGE SPOKEN IN THE HOME	OTHER LANGUAGES
NAME OF ENGLISH SPEAKING PERSON (IF NEEDED)	TELEPHONE

EATING AND NUTRITION

LIST YOUR CHILD'S FAVOURITE FOOD

LIST ANY DISLIKED FOOD

PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS

ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOODS?

SLEEPING

NAP TIME	HOW LONG TO SETTLE	TIME OF WAKING
BEDTIME	HOW LONG TO SETTLE	TIME OF WAKING

DOES YOUR CHILD TAKE A FAVOURITE COMFORTER (E.G. BLANKET OR TOY) TO BED?
Yes ☐ No ☐ IF YES, DESCRIBE AND TELL US IF IT IS "NAMED".

WHAT IS YOUR CHILD'S MOOD UPON WAKENING?

TOILETING

IS YOUR CHILD TOILET TRAINED?
Yes ☐ No ☐ PARTIALLY ☐

PLEASE INDICATE YOUR CHILD'S FREQUENCY OR PATTERNS FOR BOWEL MOVEMENTS

DESCRIBE ASSISTANCE NEEDED FOR TOILETING

WHAT "SPECIAL" WORD DOES YOUR CHILD USE FOR	URINATION: _____	BOWEL MOVEMENTS: _____

Community Care Facilities Licensing

Medical Administration Consent

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CHILD'S NAME	
MEDICATION	PRESCRIPTION # *(if applicable)*
DOSAGE OF MEDICATION	HAS THE CHILD TAKEN MEDICATION BEFORE? Yes ☐ No ☐
TIMES OR SYMPTOMS FOR WHEN MEDICATION IS TO BE GIVEN BY CARE PROVIDER	
ANY POSSIBLE SIDE EFFECTS THAT YOU HAVE BEEN MADE AWARE OF BY THE PHYSICIAN OR PHARMACY?	

I authorize the administration of the above medication, in the dosage and frequency stated above to my child. This dosage is consistent with the recommendations of the Physician and/or drug manufacturer. I accept the responsibility of supplying the **correct medication in its original container**. I will submit a new consent form if there are any changes to this medication, the dosage or the frequency of administration.

Signature of Parent/Guardian	Date	Telephone

ADMINSTRATION RECORD *(completed by the caregiver administering the medication)*

Date *(dd/mmm/yyyy)*	**Time Given** *(hr / min)*	**Dosage Administered**	**Administered by** *(signature)*

Community Care Facilities Licensing

Child Immunization Status Declaration

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Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensees in meeting Section 57(2)(a) of the *Child Care Licensing Regulation.*

To be completed by Parent/Guardian:

_____ _____

Child's Name | Date of Birth

Complete Immunization:

☐ Record on vaccinations attached

☐ Record on vaccinations unavailable

Received immunization in:

_____ _____ _____ _____

Year of last Vaccine | City | Province | (if not in Canada, include Country)

Incomplete Immunization:

☐ My child has had some vaccinations

☐ My child has no vaccinations

☐ I do not know

_____ _____

Parent's/Guardian's Printed Name | Date

_____

Parent's/Guardian's Signatures

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EMERGENCY CONSENT CARD

Name of Facility: _____

Child's Name: _____ (Surname / First Name(s))

Birthdate: _____ (Year / Month / Day)

Address: _____

Gender of Child: _____

1. Parent's Name: _____ Child lives with: _____

Work Phone: _____ Home Phone: _____

2. Parent's Name: _____

Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

1. Allergies _____

2. Medications _____

Care Card #: _____

PrintShop #252700 Revised August 2019

CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

_____
Signature of Parent/Guardian

_____
Witness

Picture of Child

_____
Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

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2. Parent's Name: _____

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_____
Signature of Parent/Guardian

_____
Witness

Picture of Child

_____
Date

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DAYCARE PHOTO RELEASE FORM

I, _____, the parent of a child/children at _____
(Hereinafter known as the "Daycare), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____