

Playland Daycare Center

7081 Grant Rd. Sooke, BC V9Z 0N6

Phone: (250) 642-4121

www.sookeplaylanddaycare.net

sookeplaylanddaycare@gmail.com

Registration form for Group Daycare

Child's full name: _____

Days of care required: _____

Start date: _____

This package includes everything you will need to register your child with Playland Daycare Center. Please ensure that all boxes below are checked, and registration is returned to Playland Daycare **BEFORE** your child's first day of care, along with the appropriate fees.

ITEMS REQUIRED	✓
1.) Registration Form and attached forms completed with ALL signatures and info required	
2.) Current photo of child	
3.) Photocopy of child's immunizations	
4.) Registration fee \$50 per child (plus security deposit of one full month's fee is due if start date is more than 30 days from registration date, half a month's fees if starting within 30 days of registration date. Non-refundable if care is cancelled before start date, or if proper withdrawal notice is not received. Will be applied to last month's fees if proper withdrawal notice is received)	
5.) Care plan attached (Speak with manager if required. For allergies, extra support etc.)	
6.) Copy of custody papers (if required)	
7.) Read the policies and procedures for the center (<i>located at our website www.sookeplaylanddaycare.net</i>)	

Family Information

Child's name: _____ Birthdate: _____ Gender: _____
Last name, First name YYY/YY/DD

Name child responds to: _____

Name of parent registering child: _____

Address: _____ Home Phone: _____

Postal Code: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Name of other parent: _____

Address: _____ Home Phone: _____

Postal code: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Other children living at home:

Names and ages: _____

Emergency contacts and authorized pick up contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons not permitted to access child

Name: _____ Phone: _____ Relationship: _____

Custody Restrictions

Are there custody restrictions such as a court order? **Y / N** Please state conditions here and attach legal document if it is required of us to enforce

General Information

Is your child toilet trained? **Y / N** Would you like your child to nap? **Y / N**

Health information

Family Doctor: _____ Phone: _____

Personal Health Number _____

Does your child have any special needs? **Y / N**

If yes, please explain and attach a copy of diagnosis:

Does your child have a support worker? **Y / N** **If yes, please contact Playland before registration.**

Is your child allergic to anything? **Y / N** If yes, please explain:

Has your child or does your child have any serious health problems that we need to be aware of? **Y / N**

If yes, please explain:

Does your child regularly take medication? **Y / N** If yes, please explain: **A medication form must be filled out and attached if Playland staff are to administer any medication. A Health care plan must also be filled out and attached if we are to administer any medication in an emergency (such as epipen)**

Immunization

You are responsible for keeping your child's immunization record. A copy must be attached.

Is your child immunized? Y / N

If your child is not immunized, please read and sign the following:

I understand that should there be a suspected or real outbreak of any communicable disease in my child, I will be asked remove my child from the center until cleared in writing by medical staff.

Signature: _____ Date: _____

I would like Playland Daycare to contact me ONLY in the case of first aid emergencies (child requires medical attention at a hospital, sustained a head injury, or has a communicable disease), and not for every incident my child may be involved in.

Signature: _____ Date: _____

Child Care Information

Has your child been registered at Playland before? **Y / N** Has your child been in child care before? **Y / N**

Please list the days of care you need: _____

Time your child will be arriving Playland? _____ am. Time your child will be picked up? _____ pm.

Any other information that we need to know about your child to help us get to know them better (habits, favorite foods, dislikes etc)?

Policies and Procedures

I, _____ legal parent/guardian of _____ have read and understood and agree to all the terms, conditions, policies of Playland Daycare Center, as set out in the parent handbook that is available for me to read at www.sookeplaylanddaycare.net.

I agree to abide with the center's policies regarding the following:

- Fees are to be paid in advance on the 1st of each month (unless otherwise prearranged).
- If ministry or subsidy is covering fees, you are responsible for full fees until those fees have come through.
- \$35 charge for NSF cheques
- Late fees will count starting on the 2nd and will be \$30 per day that the payment is late. If not paid in full by the 4th, care will be suspended until fees are paid in full.
- One month's written notice is required when withdrawing from the program, or one month's fees in lieu of.
- Security deposits are non-refundable.

Parent signature: _____ Date: _____

Permissions

I give authorization for my child _____

- To go on field trips (walking or bus) arranged by Playland Daycare staff **Y / N**
- To be transported by ambulance at the parents cost to the nearest medical facility with a member of Playland staff in the event of an accident/illness, understanding that all parents/guardians have been notified first if possible **Y / N**
- To have my child' photo taken for use in the center, for record keeping as well as in our closed Facebook group (Playland Daycare Community, search and request to join!) which is monitored by the manager **Y / N**
- To have Playland apply sunscreen if and when deemed necessary (provided by you) **Y / N**
- I accept all responsibility for payment of all accounts rendered to my family **Y / N**
- I certify that the above information contained on this form is accurate

Parent signature: _____ Date: _____

*****Please refer to the parent handbook for more details on our policies and procedures*****

This registration is not complete, nor will it hold your child's spot, if all fees and documents are not attached. Spots may be filled if incomplete registrations are handed in.

Manager signature: _____ Date: _____

****For Office use only****

Date of registration: _____ Start date: _____
yyyy/mm/dd yyyy/mm/dd

Last day attended: _____
yyyy/mm/dd

