

# Playland Daycare Center

7081 Grant Rd. Sooke, BC V9Z 0N6

Phone: (250) 642-4121

[www.sookeplaylanddaycare.net](http://www.sookeplaylanddaycare.net)

sookeplaylanddaycare@gmail.com

## SUMMER REGISTRATION FORM

Child's full name: \_\_\_\_\_

Start date: \_\_\_\_\_

Days of care required(list the days): \_\_\_\_\_

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.

First day of summer break is Friday June 30<sup>th</sup> and first day back to school is Tuesday September 5<sup>th</sup>.

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.) I have read the parent handbook for the center ( <i>located at our website <a href="http://www.sookeplaylanddaycare.net">www.sookeplaylanddaycare.net</a></i> )	

## **Family Information**

**Child's name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Last name, First name

YYYY/MM/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 (you MUST have 3 emergency contacts)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## **Persons not permitted to access child(If applicable)**

**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

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## Health information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Health Number \_\_\_\_\_

Does your child have any special needs? **Y / N** If yes, please contact Playland before registration.

If yes, please explain and speak with manager to discuss a care plan:

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

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

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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:

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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)**

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## 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 to 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? (No later than 10am) \_\_\_\_\_ am. Time your child will be picked up? \_\_\_\_\_ pm.

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

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### **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](http://www.sookeplaylanddaycare.net).

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

- Fees are to be paid in advance on the 1<sup>st</sup> of each month (unless otherwise prearranged).
- If MCFD or subsidy is covering fees, you are responsible for full fees until those fees have come through to us.
- \$35 charge for NSF cheques
- Late fees will count starting on the 2<sup>nd</sup> 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(ren) \_\_\_\_\_

- To go on field trips arranged by Playland Daycare staff **Y / N**
- To transport my child using safe approved booster seats, inspected vehicles driven by qualified staff who hold valid class 4 licenses **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's photo taken for use in the center, for record keeping as well as in our closed Facebook group which is monitored by the manager **Y / N**
- To have Playland apply sunscreen if and when deemed necessary (provided by us at a \$10 fee to you, unless your child has special sunscreen in which case you provide.) **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 documents are not attached. You must receive confirmation of your spot from Playland, and spots may be filled if incomplete registrations are handed in. Fees will be due once your spot is confirmed. If fees are not paid within 24hrs of confirmation, you will lose your spot.***

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of registration: \_\_\_\_\_ Start date: \_\_\_\_\_

yyyy/mm/dd

yyyy/mm/dd

Last day attended: \_\_\_\_\_

yyyy/mm/dd

# PLAYLAND DAYCARE EMERGENCY CONSENT FORM

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
SURNAME, FIRST NAME(S) (YYYY/MM/DD)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

OUT OF TOWN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ALLERGIES / MEDICATIONS: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER \_\_\_\_\_

HAIR COLOUR: \_\_\_\_\_ EYE COLOUR: \_\_\_\_\_ GENDER: \_\_\_\_\_

## CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency center.
- 3) I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency center when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CAREGIVER SIGNATURE

## **PLAYLAND DAYCARE CENTER BOOSTER SEAT WAIVER AND RELEASE**

By my signature below, I understand and agree that Playland Daycare Center may provide transportation by motor vehicle for my child(ren) for travel from Playland Daycare Center to and from school, parks, libraries, events, field trips, in case of emergency and other discretionary and necessary locations (collectively, "field trips"), and that I am not responsible for providing a booster seat for my child(ren)'s use during each of these pre-planned field trips. I understand Playland Daycare Center is committed to the safe transportation of my child(ren), and I therefore agree that Playland Daycare Center may use its own booster seat (which are replaced and checked regularly for my child(ren)). I further understand that by traveling with Playland Daycare Center, as with any activity involving motor vehicle transportation, my child(ren) may be at risk for personal injury. I hereby assume those risks, waive any and all liability against Playland Daycare Center for personal injuries or losses sustained by my child(ren) arising from the use of Playland Daycare Center booster seats, and forever discharge and release Playland Daycare Center, and any of its agents, employees, directors, officers, and volunteers, from any claim that I may have or that could be brought on my child(ren)'s behalf with regard to any damages, demands or actions whatsoever, arising out of the use of Playland Daycare Center booster seats. I hereby acknowledge that I have read and agree to the terms of this Waiver and Release, I fully understand it, and agree to be legally bound by it.

British Columbia's Child Seating and Restraint Systems Regulations (Division 36 of the Motor Vehicle Act), requires that all children weighing less than 40lbs be transported in a CSA approved child seat when travelling in a vehicle equipped with seat belts, AND, all children weighing over 40lbs up to their 9<sup>th</sup> birthday OR they reach 4'9" tall, whichever comes first, be transported in a booster seat. Please tick one of the following:

- My child is over 9 years of age OR over 4'9" - no booster seat required
- My child is over 9 years of age OR over 4'9" – no booster seat required, but I choose to have them remain in a booster seat
- My child is over 40lbs AND under 4'9" - booster seat required

On rare occasions, in some emergency situations, we will have to transport the oldest child in the front seat of a Playland Daycare vehicle or personal vehicle which holds maximum liability insurance. The airbags are not activated while the child is in the front seat. Please tick one of the following:

- I give permission for my child to ride in the front seat of a Playland Daycare or personal vehicle, while in a booster seat, in an emergency situation, and, as above, will hereby assume those risks, waive any and all liability against Playland Daycare Center for personal injuries or losses sustained by my child(ren) arising from the use of Playland Daycare Center booster seats, and while my child is sitting in the front seat, and forever discharge and release Playland Daycare Center, and any of its agents, employees, directors, officers, and volunteers, from any claim that I may have or that could be brought on my child(ren)'s behalf with regard to any damages, demands or actions whatsoever, arising out of the use of Playland Daycare Center booster seats or while sitting in the front seat. I hereby acknowledge that I have read and agree to the terms of this Waiver and Release, I fully understand it, and agree to be legally bound by it.
- I do NOT give permission for my child to be seated in the front seat of any vehicle at any time, until further notice, in which case I will sign a new waiver.

Child(ren)'s Names: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

