



## Health Record

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Care Card # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your child immunized? \_\_\_\_\_ if yes, please attach a photocopy of record.

If no, please state reason \_\_\_\_\_

Any allergies? \_\_\_\_\_ if yes, list \_\_\_\_\_

Reactions: \_\_\_\_\_

Procedures: \_\_\_\_\_

Any other medical problems? \_\_\_\_\_

Is your child on any medications? If yes, list and state reason \_\_\_\_\_

Special food requirements: \_\_\_\_\_

Does child have any vision, hearing or speech concerns? If yes, list \_\_\_\_\_

Any learning/physical or behavior/emotional concerns? If yes, list \_\_\_\_\_

Any recent significant changes in your child's life? (i.e. death, separation, move, new sibling, etc.) \_\_\_\_\_

How long has your child been potty-trained? \_\_\_\_\_

## Medical History

Has your child had any of the following: (please mark all that apply)

- Rheumatic Fever    Measles    Bronchitis    Asthma    Chicken Pox    Ear Infection  
 Whooping Cough    Pink Eye    Croup    Diabetes    Pneumonia    Bowel Disorders  
 Heart Condition    Epilepsy    Eczema    Mumps    Scarlet Fever    Respiratory Problems

**Please provide the following with this registration form:**

- |                                                   |                                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Birth Certificate Copy   | <input type="checkbox"/> Immunization record copy (if applicable)               |
| <input type="checkbox"/> \$50.00 registration fee | <input type="checkbox"/> Postdated cheques or Pre-Authorised Payment (PAP) form |
| <input type="checkbox"/> \$5.00 emergency pack    | <input type="checkbox"/> Emergency Consent Form                                 |

## General Information

Has your child had a group experience prior to this one:  Yes  No

Describe any previous experience: \_\_\_\_\_

Describe your child's play interests: \_\_\_\_\_

Does your child usually have a naptime, if so for how long: \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What types of guidance, discipline and control methods does your child respond well to? \_\_\_\_\_

\_\_\_\_\_

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## Alternate Authorized Adults

*(List those who may pick up your child if you were not able to.)*

I give permission for the following people to pick up/drop off my child, \_\_\_\_\_ from the Centre.

*(List adults only. Please note that they will be asked for i.d. when they come the first time.)*

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency / Earthquake Contacts: (These people would be called if parents could not be reached)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\* In case of accident or illness, I authorize qualified staff of BCCA Kids Club Centre to administer first aid or to call an ambulance.**

Yes  No \_\_\_\_\_ **Parent/Guardian Signature**

**\* I give permission for my child to participate in spontaneous walks/drives within close proximity of the Centre or play on the BCCA playground and other neighboring playgrounds.**

Yes  No \_\_\_\_\_ **Parent/Guardian Signature**

**\* I give permission for my child to be photographed, videotaped for classroom usage, and/or general advertising for the Centre or by a practicum student.**

Yes  No \_\_\_\_\_ **Parent/Guardian Signature**

## **Observation Consent Form**

I give permission for my child, \_\_\_\_\_ to be observed at BCCA Kids Club. I understand that from time to time students may be at the centre for a practicum and observe my child as a part of their studies. I also know that the student will not refer to my child in any written manner by his/her real name and that all information recorded will be written objectively, treated professionally, as well as, kept confidential.

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Parent / Guardian Signature

Date

## **Field Trip Consent Form**

I give permission for my child, \_\_\_\_\_ to accompany BCCA Kids Club on all field trips during the school year. I understand that prior notices of field trips will be given to parents and that children will be transported to and from local places by van/bus or will walk to the local destination. There may be an additional charge for field trips to cover the cost of hiring a bus, and occasionally an admission fee, depending on the nature of the field trip.

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Parent / Guardian Signature

Date

## **Parents/Guardians and BCCA Kids Club Centre Agreement**

1. The parent shall not be entitled to any refund, full or in part, for any time during which the child is absent from the Centre due to vacation, illness or any other reason.
2. There shall be a charge of \$25.00 for any returned payments.
3. If the child is absent more than three consecutive days for any reason, Parents/Guardians shall advise the Centre in writing, explaining the reason for the child's absence and when the child might be expected to return.
4. Parents/Guardians shall give **one month written notice on the 1<sup>st</sup> of the month** to the Centre in the event that they decide to withdraw the child from this enrollment and failure to provide such notice shall result in the forfeit of one month tuition. **The Centre will not accept any withdrawal notice in the last three months of the academic year (April 1<sup>st</sup> – June 30th)**
5. Parents/Guardians understands and acknowledges that in the event that the child is not suited for the programs of the Centre, or if the terms of this agreement are not complied with; the Parent may be required to withdraw their child from the Centre. They will be consulted regarding the suitability to the child prior to being given not less than one week's notice for the withdrawal of the child from the Centre.
6. In the event that another individual(s) other than those noted in the records of the Centre, are picking up the child from Centre, Parents/Guardians shall advise the Centre in writing.
7. Parents/Guardians shall in writing advise and fully disclose to the Centre, any medical conditions, allergies, special dietary needs or any other special requirements of the child before and during the child's enrollment with the Centre.
8. Parents/Guardians acknowledge that if the child is not collected at the end of the scheduled day, Parents/Guardians **shall pay an additional fee of \$1.00/minute for each additional minute, within 24 hours.** At the sole discretion of the Centre, this fee may be waived in cases of emergency.
9. The Centre is closed on all statutory holidays, Easter Monday, Christmas week, & the week prior to Labour Day.

I, \_\_\_\_\_ **have read and understood the above and agree to abide by all the Centre's policies at all times.**

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Parent/Guardian Signature

Date