



# BCCA Kids Club Daycare

604-942-3746



daycare@bcchristianacademy -- [www.bccchristianacademy.ca](http://www.bccchristianacademy.ca)

## Application for Enrollment

Class you wish to register for:

- \_\_\_\_\_ Group daycare 2.5 – 5 year old
- \_\_\_\_\_ Infant/Toddler 0 – 3 year old
- \_\_\_\_\_ Kindercare
- \_\_\_\_\_ Drop in

Present Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: (m/d/y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthplace: \_\_\_\_\_  
month day year

Home Address: \_\_\_\_\_

(postal code) \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

*Please indicate who has legal guardianship of this child:*

Parent(s) \_\_\_\_\_ Joint custody ( ) yes ( ) no / Sole custody ( ) yes ( ) no

*Further information necessary for centre in case of alternate parent arriving unannounced:*

\_\_\_\_\_

Names of brothers/sisters: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ / Name: \_\_\_\_\_ Age: \_\_\_\_\_

A \$20.00 registration fee and copy of immunization record is required with this form.

*Office Use Only*	Handbook Given _____
Date Received _____	\$20.00 Registration Fee _____
Immunization Record _____	Method of Payment _____

## 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 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.)

\_\_\_\_\_

## **Medical History**

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

Chicken Pox \_\_\_\_ Measles \_\_\_\_ Mumps \_\_\_\_ Scarlet Fever \_\_\_\_ Rheumatic Fever \_\_\_\_ Bronchitis \_\_\_\_

Whooping Cough \_\_\_\_ Pink Eye \_\_\_\_ Ear Infection \_\_\_\_ Bowel Disorders \_\_\_\_ Croup \_\_\_\_ Asthma \_\_\_\_

Pneumonia \_\_\_\_ Diabetes \_\_\_\_ Epilepsy \_\_\_\_ Eczema \_\_\_\_ Heart Condition \_\_\_\_ Respiratory Problems \_\_\_\_

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## 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: \_\_\_\_\_

What do you hope to be included in this Daycare experience: \_\_\_\_\_

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 preschool:

*(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: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

**\* In case of accident or illness, I authorize qualified staff of BCCA Kids Club Daycare or BCCA Kids Club 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 within walking distance of the daycare or play on the BCCA playground and other neighboring playgrounds.**

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

**\* I give permission for my child to be photographed / video taped for classroom usage or general advertising for the daycare.**

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

## Field Trip Consent Form

I give permission for my child, \_\_\_\_\_ to accompany BCCA Kids Club Daycare on all class 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 daycare van.

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

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

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## Parent/Guardian and BCCA Kids Club Daycare Agreement

Parents/Guardians must give notification for vacation periods or extended absences due to illness or other wise. No refunds will be given for days missed from daycare.

Parents/Guardians must provide written notification of any changes to their personal information. The daycare reserves the right to any information that is pertinent to the child and to his/her daily routine.

Children must be signed in and out when dropped off and picked up. Only persons on the authorized list will be allowed to pick up your child from daycare. The daycare will not release a child unless notification has been given.

Termination of care: both parties agree to submit one month's notice on the first of the month or one month's fees will be forfeited. The management of BCCA Kids Club Centre reserves the right to release or suspend a child in the best interest of the child or the daycare. Parents/Guardians will be notified.

The daycare is closed on all statutory holidays, Easter Monday, and one week for Christmas.

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

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ Date

### **\*Office Use Only\***

#### **Tuition Payment Plan**

**Please post date cheques for the 1st of the month.**

September \_\_\_\_\_ October \_\_\_\_\_ November \_\_\_\_\_ December \_\_\_\_\_ January \_\_\_\_\_

February \_\_\_\_\_ March \_\_\_\_\_ April \_\_\_\_\_ May \_\_\_\_\_ June \_\_\_\_\_