



# Blueberry Creek Early Learning & Care Centre Family Registration Form

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## **Confidential**

### **Parent/Guardian Information**

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

**Mother/Guardian:** Name: -

\_\_\_\_\_

Email (Required) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Lives with Child: Y / N

**Father/Guardian:** Name: -

\_\_\_\_\_

Email (Required) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Lives with Child: Y / N

### **Emergency Contact (if parent cannot be reached)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Others authorized to pick up child:** \_\_\_\_\_

\_\_\_\_\_

**People not authorized to pick up child:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Programs (please indicate all the programs your child will attend)

**Infant/Toddler:**

**Blueberry Buds Daycare:**

**Play To Learn Preschool:** Mon/Wed/Fri am

Mon/Wed pm

Tues/Thurs am (Ideal for the under 4's)

Tues/Thurs pm

## Child Information

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

Usual Name used: \_\_\_\_\_ Birthday: \_\_\_\_\_ M / F

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Program(s): \_\_\_\_\_

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

List any existing medical conditions, medications or special attention your child may require: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your child's immunized and is their immunization record up to date? Y / N

Physician's Name and Phone Number: \_\_\_\_\_ Care Card# \_\_\_\_\_

Has or is your child receiving any services such as Infant Development, speech and language therapy, Occupational therapy..... If so by who and when: \_\_\_\_\_

Has your child previously attended preschool/daycare: Y / N \_\_\_\_\_

Is your child of Aboriginal Heritage: Y / N

Siblings Names and Ages: \_\_\_\_\_

Anyone else living with child (including pets): \_\_\_\_\_

**The following information about your child will help us to know him/her more quickly and plan a program to enrich his/her childcare experiences.**

**Toileting/Diapering** (special words): \_\_\_\_\_

**Rest/Nap time** (please describe current napping routine and/or special comfort object):

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**Eating/Meal time** (please describe feeding schedule and include food likes and dislikes):

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Holidays Celebrated at home: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Activity likes and dislikes and abilities:

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Does your child form friendships easily: \_\_\_\_\_

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How does your child respond when his/her feelings are hurt: \_\_\_\_\_

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Do you think your child is comfortable leaving you: \_\_\_\_\_

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Does your child have any particular fears: \_\_\_\_\_

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Any distinctive marks: \_\_\_\_\_

What do you hope your child will gain from attending childcare: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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## Consent Information

Parent/Guardian, please fill in your name and your child/children's name/names and circle yes or no to indicate your consent for each of the following circumstances.

I (parent name) \_\_\_\_\_ hereby give the staff of Blueberry Creek Early Learning and Care Centre consent for the following in regards to my child/children (child's name/names) \_\_\_\_\_.

### Consent for emergency medical care.

I understand that it is the staff's policy that the parent/guardian be notified when a child is ill or needs medical attention. If I cannot be contacted, and immediate help is needed, I consent for an ambulance to be called or my child be taken to the nearest emergency service where he/she may receive medical treatment. I understand that I will be responsible for all costs involved, and will be billed by BC Ambulance Service.

Yes / No

### Consent for Neighborhood Walks.

I give permission for my child to take neighborhood walks around Blueberry Creek. I understand that these walks may not be planned ahead of time, proper supervision will always be provided and my child will not leave Blueberry Creek.

Yes / No

### Consent for Field Trips.

I give permission for my child to go on field trips. I understand that these field trips will be planned and I will be given adequate notice. Proper supervision will be provided at all time during these trips. I understand that I will need to find alternate care for my child on the day these field trips are planned if I chose for my child to not participate in the field trip.

Yes / No

### Consent for Photographs.

I give my consent for photographs of my child to be taken by the staff. I understand that these photographs may be posted inside the centre, and also be used for identification purposes.

Yes / No

I give permission that these photographs may be posted on the Blueberry Creek Website

Yes / No

I give permission for these photographs to be used for the local newspaper.

Yes / No

### Consent for Parent Phone List.

I would like to be on the classroom phone list that goes out to each family with my name, child's name, and contact phone number.

Yes / No

Parent name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Consent to share educational information with SD 20**

I give permission for the staff to share information with school district 20 for transitioning my child to kindergarten.

Yes / No

**Consent for Early Intervention/ Development Screening**

I give permission for my child to participate in **early intervention development screening**. I understand that this is not a tool used to diagnose my child with anything.

Yes / No

**What is Early Childhood Intervention?**

Early childhood intervention services are provided to infants and young children who show signs of, or are at risk of having a developmental delay or disability. These services are often tailored to the specific needs of each child with the goal of furthering development and enhancing the child's potential for growth and development. Early and prompt intervention programs can prevent or reduce the consequences of disabling conditions, particularly of young children. Services are also provided to assist families of children with extra support needs to access inclusive childcare. For more information on Early Childhood Intervention go to:

[http://www.mcf.gov.bc.ca/spec\\_needs/eci.htm](http://www.mcf.gov.bc.ca/spec_needs/eci.htm)

I verify that the information that I have provided in the Family Registration Form/Consent Form, is accurate and complete to the best of my knowledge and ability.

Parent Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for choosing Blueberry Creek Community School Early Learning and Care Centre ☺