

YCS CHILD CARE PROGRAMS – REGISTRATION FORM

Program to be enrolled in;	Building Blocks Daycare <input type="checkbox"/>	Wells Grey After School Program <input type="checkbox"/>
Clearwater Preschool <input type="checkbox"/>	Little Stars Child Care: Multi Age <input type="checkbox"/> / Preschool <input type="checkbox"/> / Occasional Child Care <input type="checkbox"/>	

Child information		Photograph of child
Name of child:		
Date of birth: (y/m/d)		
Language spoken at home:		
Family heritage:		
Gender:		
First date of attendance:		
Last date of attendance:		
Eye colour:	Hair colour:	
Height:	Weight:	
Identifying marks:		
Out of area contact:		

Parent/guardian information		
Name:		Relationship to child:
Home phone:	Cell phone:	Work phone:
Home/mailling address:		
E mail:		Place of work:
Name:		Relationship to child:
Home phone:	Cell phone:	Work phone:
Home/mailling address:		
E mail:		Place of work:

Alternative emergency contacts and people authorized to collect your child		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Emergency and health information		
Doctor:	Phone:	Address:
Dentist:	Phone:	Address:
Other:	Phone:	Address:
BC care card number:		Insurance plan:
Please indicate whether your child is fully immunised:		Yes <input type="checkbox"/> No <input type="checkbox"/>
List any illnesses that your child has had:		

Siblings			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

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Health and nutrition. Does your child.....

Have any vision problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Have any hearing problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no	Have speech problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Take medication? <input type="checkbox"/> yes <input type="checkbox"/> no	Have food dislikes? <input type="checkbox"/> yes <input type="checkbox"/> no
Have health problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Have developmental problems? <input type="checkbox"/> yes <input type="checkbox"/> no
Have behaviour problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Would your child benefit form extra support? <input type="checkbox"/> yes <input type="checkbox"/> no

If you have listed yes to any of the above please provide further information:

Please list any person(s) not allowed contact with your child

A copy of any relevant court order or Separation Agreement must be attached to your child's registration form

1.	2.
3.	4.

Emergency consents and permission slips for my child

Permission		Initial	Date (y/m/d)
1.	I give consent for staff to call an ambulance for my child should staff feel it is necessary		
2.	I give consent for my child to be transported under the care of a YCS employee in either a personal vehicle or public transport vehicle in the case of an emergency		
3.	I give consent for my child to be photographed and for the photos to be used on the YCS website, in local newspapers or to advertise YCS Child Care Programs (first names of children used only) OR		
4.	I give consent for my child to be photographed and for the photos to be used in the program only		
5.	I give consent for staff to apply a factor 25+ sun screen to my child's skin before playing outside in hot weather		
6.	I give consent for my child to participate in spontaneous neighbourhood walks – applies to children under 3 years old in Building Blocks Daycare		
7.	I give consent for YCS staff to share information with my child's school teacher – applies to After School Program only		
8.	I give consent for my child to walk home. My child may leave the program at ___pm. Staff will contact me before releasing my child if they have any concerns – applies to After School Program only		

Parent name:	Parent signature:
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Other information you would like to share with us about your child:

Staff name:	Staff signature:	Date:
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