

**YCS CHILD CARE PROGRAMS – REGISTRATION FORM**

<b>Program</b>	Building Blocks Daycare <input type="checkbox"/>	Wells Grey After School Program <input type="checkbox"/>
Clearwater Preschool <input type="checkbox"/>	Little Stars Child Care: Daycare <input type="checkbox"/> / Preschool <input type="checkbox"/> / Occasional Child Care <input type="checkbox"/>	

<b>Child information</b>		<b>Photograph of child</b>
Childs name:		
Birthday:		
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:		

<b>Parent/guardian information</b>		
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:

<b>Alternative emergency contacts and people authorized to collect your child</b>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

<b>Emergency and health information</b>		
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:		

<b>Siblings</b>			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

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**Getting to know your child.** 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 from extra support?	<input type="checkbox"/> yes <input type="checkbox"/> no

**A little more about your child**

My child likes to eat:
My child sleeps:
My child is afraid of:
My child laughs when:
My child lets me know he needs to use the toilet by:
My child likes to play with:
My child has difficulty:
More information I want to share with staff about my child:

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

<b>A copy of any relevant court order or Separation Agreement must be attached to your child's registration form</b>	
1.	2.
3.	4.

**Emergency consents and permission slips for my child**

Permission	Initial	Date (y/m/d)
1. Staff may phone for an ambulance if my child needs medical assistance		
2. In an emergency staff may transport my child in their vehicle or a public transport vehicle		
3. My child's photograph may be used on the YCS website, in local newspapers or to advertise YCS Child Care Programs (first names only) <b>OR</b>		
4. My child's photograph may be used in the program only <b>OR</b>		
5. My child may not have their photograph taken		
6. Staff may apply a factor 25+ sun screen to my child's skin on sunny days		
7. My child may participate in spontaneous neighbourhood walks		
8. Staff may share information with my child's school teacher		
9. My child may leave the After School Program at _____pm to walk home alone		

<b>Parent name:</b>	<b>Parent signature:</b>
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<b>Staff name:</b>	<b>Staff signature:</b>	<b>Date:</b>
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