



# Discovery World Child Care Centre



## Child Registration Form

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Enrollment Days (please check in box) : 

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

Drop Off Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of School Attended by Child:  
(if applicable) \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade.: \_\_\_\_\_ School Phone: \_\_\_\_\_

Medical Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

BC Care Card #: \_\_\_\_\_ Medical Insurance Plan #: \_\_\_\_\_

Immunization Record Complete: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please attach copy)

Birthdate: \_\_\_\_\_ Gender: (circle) Girl:  Boy: 

Physical Description of your Child:

Height: \_\_\_\_\_ Weight.: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Optional Notes or Special Identifying Features: \_\_\_\_\_

---

---


---


**Parent / Guardian (1):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Mobile Phone: \_\_\_\_\_ 

*Please circle  icon for the phone number; home, mobile or work that is your preferred daytime contact number to call first.*

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Work Days: M T W Th F Work Hrs: \_\_\_\_\_


**Parent / Guardian (2):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Mobile Phone: \_\_\_\_\_ 


*Please circle  icon for the phone number; home, mobile or work that is your preferred daytime contact number to call first.*

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Work Days: M T W Th F Work Hrs: \_\_\_\_\_

**\*Note:** If divorced, separated or otherwise applicable, a copy of any custody agreement(s) must be provided

**EMERGENCY CONTACTS:** *(include parents/guardians listed above in order to be contacted in case of emergency)*

Person 1: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Person 2: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Person 3: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

**Persons Authorized to Pick-up Your Child:** *(other than parents listed above)***Please note that The Centre *must* have written consent from a parent/guardian prior to releasing a child to anyone other than the parent. Picture ID must be shown before any child will be released to anyone other than the parent/guardian listed above on this registration form.**

Person 1: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Person 2: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Person 3: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Person 4: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

**Is there any person(s) whom are not permitted access to your child** Yes \_\_\_ No \_\_\_

If yes, please list whom?

**Prohibited**  
Person Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
(if any)**Prohibited**  
Person Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
(if any)**Prohibited**  
Person Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
(if any)

**Other Children Living at Home:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Additional Information:**

(If more space is required for any additional information you wish to provide, please attach pages.)

Does your child have any allergies? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Does your child require any on going medical care? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Does your child require any regular medication? Yes \_\_\_ No \_\_\_

If so, will this medication need to be administered while your child is at daycare? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Is there anything that might prevent your child from participating in our program or activities? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Do you have any concerns that we should be aware of regarding child's social, emotional, physical or educational needs?

Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary instructions for your child and/or any other matter relevant to your child's care that you wish to provide us with?

Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide for us a brief description of your child's daily routine.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Name Signature Date

\_\_\_\_\_  
Parent Name Signature Date

\_\_\_\_\_  
Discovery World Manager Signature Date



# Discovery World Child Care Centre



## Child Care Service Agreement



I will pay my fees by cash, cheque or e-transfer on the first day of every month.



I agree that if my fees are not paid by the 10<sup>th</sup> of the month, I will not bring my child until the matter has been cleared up with the manager.



In the event of absenteeism due to illness, vacation etc., I understand that I am still responsible for the full amount of my monthly fees.



I understand that the monthly fees take into account statutory holidays and additional Centre closures listed in the Parent Handbook; and the monthly fees will not change.



I will keep my child away from the Centre for a 24hr period after the onset of a fever, diarrhea or vomiting.



I will not send my child if they are contagious with a communicable illness confirmed by a Medical Practitioner. A doctor's note may be required before returning to the Centre.



I understand that the staff will NOT administer ANY medication unless a MEDICAL PRACTITIONER prescribes it. (This includes pain, fever, and cold medications) The medication must be in its original container.



I understand that a MEDICATION FORM must be filled out prior to a Discovery World staff member administering it to my child. The medication needs to be put into a lock box at the Centre.



I understand that any signs or disclosure of abuse will be reported to authorities.



In case of accident or illness I authorize the staff to contact a medical practitioner or emergency personnel. I accept all costs incurred by the Centre (i.e. Ambulance Fee)



I understand that the authorities will be notified if you or someone appointed by you picks up your child and we consider the circumstance unsafe. (i.e. No or inappropriate car seat, drugs or alcohol)



I give permission for my child’s photo to be taken and displayed within the Centre.



I give permission for my child’s photo to be displayed on Discovery World’s Facebook page.



I give permission for my child to participate in ALL parts of the program. I understand that it is my responsibility to be informed about what is happening on a daily basis.



I give permission for my child to participate in spontaneous supervised walks around our neighborhood.



I will NOT send foods or products that contain PEANUTS in my child’s lunch bag. We are a PEANUT FREE Centre.



I understand that I must call the Centre if my child is going to be arriving after 10am. My child must be at the Centre by 12pm. If there are any special events planned for the day, it is my responsibility to make sure I am aware of them and the time they are occurring. If arrangements have not been previously made for late drop-off, I understand that my space may nor may not be available.



I understand that enrollment in my current program in no way guarantees enrollment in any future programs.



It is the responsibility of the staff members and the parent to let each other know if the childcare arrangement seems unsatisfactory for some reason.

*Please note:* The contract can be terminated by either party during the 2-week trial period. After this trial period, termination of services requires 30 days written notice that must be given on the 1<sup>st</sup> day of the month.

Any days used during the trial period will be billed at the drop-in rate. A refund will be given for the remaining days in that month. NO REFUND will be given after the 2-week trial period.



I understand that the above topics are the main points in the PARENT HANDBOOK and that it is my responsibility to have read and understood it. I agree to comply with all that it includes and understand these policies are set in place for health and safety of all involved.

Please send 2 recent photographs of your child’s face along with your registration package

---

Parent Name	Signature	Date
-------------	-----------	------

---

Parent Name	Signature	Date
-------------	-----------	------

---

Discovery World Manager	Signature	Date
-------------------------	-----------	------

Form: DWD SERVICE AGREEMENT (R3 2018-07-26)