





**Little Wonders Preschool**  
Registration Documents for 2011 2012



<b>Child Info</b>	<b>Last Name</b>		<b>First Name</b>	
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<b>Child's Primary Address</b>	
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<b>Emergency Medical Contact Information</b>	<b>Care Card No.</b>			
	<b>Family Doctor</b>		<b>Phone</b>	
	<b>Family Dentist</b>		<b>Phone</b>	

<b>Mother's Information</b> and (Husband, Partner Common-law, etc info)	<b>Last Name</b>		<b>First Name</b>	
	<b>Home Phone</b>		<b>Cell Phone</b>	
	<b>Work Phone</b>		<b>Other</b>	
	<b>Employer</b>		<b>Position</b>	
	<b>Husband/Common-law Last Name</b>		<b>Husband/Common-law First Name</b>	
	<b>Work Phone</b>		<b>Cell Phone</b>	

<b>Father's Information</b> and (Wife, Partner Common-law, etc. info)	<b>Last Name</b>		<b>First Name</b>	
	<b>Home Phone</b>		<b>Cell Phone</b>	
	<b>Work Phone</b>		<b>Other</b>	
	<b>Employer</b>		<b>Position</b>	
	<b>Wife/Partner/Common-law Last Name</b>		<b>Wife/Partner/Common-law First Name</b>	
	<b>Work Phone</b>		<b>Cell Phone</b>	

<b>Custody Information</b>  (if applicable)	<b>If divorced or separated, please complete the following information</b>			
	<b>Child's Primary Address:</b>			
	Attach a copy of the Custody/Court Order <i>(this is a legal requirement in order for us to enforce conditions)</i>			

<b>Child Access</b>	<b>Is there any person or persons that are not permitted access to your child?</b> (If yes, please print their name below, supply a copy of the documentation and advise our Manager)



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<p><b>Medical Information</b></p> <p>(all of this information is <b>MANDATORY</b> if it does not apply to your child please type in N/A)</p> <p>Incomplete documents will be returned.</p>	<input type="checkbox"/>	<p><b>Child is immunized</b> (provide immunization records)</p>	<hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">Signature</p>	
	<input type="checkbox"/>	<p><b>Child is not immunized.</b> I understand that should there be a suspected or real outbreak of any communicable disease, I have to remove my child from the Centre until Medical staff have agreed that it is safe for them to return</p>	<hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">Signature</p>	
	<p>Does your child have and/or had any known health problems or illnesses?</p>			
	<p>Allergies, Special Diets (required for snack purposes):</p>			
	<p>Medications required. (Please supply details; ie Asthma, puffers, epi pens, along with instructions for use)</p>			
	<p>Behavioural concerns (ie. ADHD/ADD)</p>			
	<p>Has your child ever received individual support through Queen Alexandra's Hospital for Children (QA), or other medical professional in the school or previous daycares, preschool or out of school care?</p>			
	<p style="text-align: center;"> <input type="checkbox"/> Yes             <span style="margin-left: 200px;"><input type="checkbox"/> No</span> </p>			
	<p>Does your child have a care plan? **</p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No             </p>	<p style="text-align: center;">If yes, attach a copy of the Care Plan.</p>	
	<hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>			
<p><small>** Care Plans are a requirement of our facility being licensed. Care plans are drawn up to cater to each child's individual needs which could be of varying nature. (Allergies (food, medical), behavioural considerations, physical requirements, etc.) If you are unsure, please speak to the Program Coordinator or Manager for further clarification.</small></p>				



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**MEDICAL PERMISSION**

- Authorize the staff of Little Wonders Preschool (View Royal Out of School Care Society), to, in an emergency, call an ambulance and to allow medical personnel to provide treatment to my child. In the event that my child must be admitted to hospital before I am located, I authorize the admission to hospital and all necessary treatment as determined by a physician.
- Authorize the staff of Little Wonders Preschool (View Royal Out of School Care Society), in the event of illness or minor injury, to transport my child to a clinic or hospital and seek treatment for my child, or, when I cannot be contacted, to release my child to the emergency contact person so that person may make arrangements for the child's medical care.
- Agree to have a Staff member of Little Wonders Preschool (View Royal Out of School Care Society) administer medications provided that we supply them with the appropriate medical forms duly signed and authorized.
- I will be responsible for all medical care costs including the cost of ambulance transportation.

**PERMISSION FOR JOURNEYS**

- Consent to my child participating in the outings away from Little Wonders Preschool (View Royal Out of School Care Society) and to be transported using public transportation, rented buses and or vans and/or staff/volunteer vehicles. I fully understand that every reasonable precaution and safety measure will be adhered to by the staff and volunteers.

**PERMISSION FOR PICTURES**

- Authorize staff at Little Wonders Preschool (View Royal Out of School Care Society) to take pictures of my child for the purposes of a birthday display, other displays within the Program facility, the Program's historical photo albums and/or our website. Photos of my child may also be used in other children's scrap booking projects.

**COLLECTION OF PERSONAL INFORMATION**

- Consent to the collection and use of my, and my child's personal information, to assist the staff of Little Wonders Preschool (View Royal Out of School Care Society), and any medical personnel in providing care for my child. I understand that Little Wonders Preschool (View Royal Out of School Care Society) will not release my, or my child's personal information, unless I have given permission or it is required by law to release the information.

**LIABILITY WAIVER**

- Waive any liability to the sponsor or program if my child injures him/herself while participating in any activity, sport, or swim while registered in Little Wonders Preschool (View Royal Out of School Care Society). I understand that children may sustain injuries when playing even while supervised.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Financial Arrangements**

- I understand and agree to the method of fee payments, as indicated below:
  - One voided cheque along with the Pre-Authorized debit agreement. Payments will automatically be debited the 1<sup>st</sup> of each month.
- OR**
- Interact (Debit card), payments are due on or before the first business day of each month and may be made weekly, biweekly or monthly, as long as your monthly fees are paid prior to the first business day of each month. (Refer to the Parent Handbook for more information).
- I understand that if I am subsidized by any agency, it is my responsibility and not that of the staff of View Royal Out of School Care Society, to ensure that our Authorizations are forwarded to the Program prior to the 20<sup>th</sup> of the month your authorization expires. If for any reason the Program has not received my Authorization prior to the first day of the month, I will be required to pay the monthly fees owing. Upon receipt of the funds from the Agency supplying the subsidy, View Royal Out of School Care Society will either credit my account which will be used for any parent portion of payments I am required to pay in the future or the credit can be reimbursed to me upon request.

I am also aware I am responsible for paying any difference between the Ministry of Children and Family Development (Subsidy) claim rates and actual program fees.

- Failure to supply the monthly fee, as indicated above, is subject to fines as indicated in the Parent Policy handbook.
- I understand, and agree, to the procedure of fee payments, refunds and penalty payments as set out in the Parent Policy handbook.
- Upon registration, I will submit a \$50.00 per family non-refundable registration fee.
- I will receive a monthly statement of account.
- Days not used due to vacation or illness will not be refunded or carried forward to the next month.
- If I am late picking up my child, I will be billed for the applicable fines as noted in the Parent Policy handbook.

**Notices and Information**

- I will give 30 days written notice, due by the first of the month, if I plan to withdraw my child from the Program or plan to change registration status. If I fail to provide 30 days written notice I am responsible for the following month's fee.
- I will notify staff in writing if someone, other than myself, will be picking up my child from the Program, otherwise my child will not be permitted to leave the Program with that person.
- I will contact the Program if my child will not be attending on a particular day, will be late or will be away for an extended period of time.
- I will notify the Manager or Program Coordinator in writing of changes to addresses, work or home phone numbers, or emergency contact information. I will notify them of any special instructions regarding my child and any changes at home or school that may affect my child's behaviour
- I will ensure that copies of any court orders regarding the custody and visitation rights concerning my child are included with my child's registration form. Parents cannot be denied access unless such a document is on file at the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Child's Participation**

- I will not bring my child if they are ill and/or unable to participate in the regular activities of the program.
- I will make alternate care arrangements for my child if they are unable to function appropriately in the Program.
- I understand that the Parent Board may discharge my child from the Program in accordance with the guidelines set out in the Parent Policy handbook.

**Parent Policy handbook**

- I have read and will follow the policies and procedures outlined in the Parent Policies handbook. (which is available to view and/or download at [www.viewroyalosc.com](http://www.viewroyalosc.com)).

I \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_ have read, understand and agree to abide by the program policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**"It takes a Community to raise a Child"**