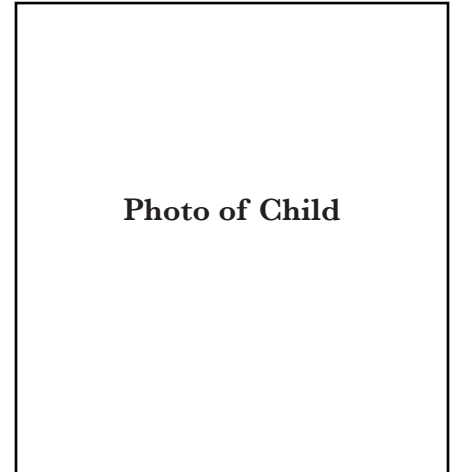


# FUTUREKIDS CENTRE

## REGISTRATION FORM

### Child Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Sex: M\_\_\_\_/F\_\_\_\_



### Family Information

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Number: \_\_\_\_\_ ext: \_\_\_\_ Days/Hrs of Work: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Number: \_\_\_\_\_ ext: \_\_\_\_ Days/Hrs of Work: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Person(s) Authorized To Pick Up Child And/Or Contacted In Case of Emergency (Include Mother/Father/Guardian)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel/Cell No: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel/Cell No: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel/Cell No: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Tel/Cell No: \_\_\_\_\_

If there is a **CUSTODY AGREEMENT**, Please provide details and **ATTACH COPY**

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

### General Information

Previous Centre (if any): \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Language(s) spoken at home: \_\_\_\_\_  
Any Ethnic or Religious Observations? Describe: \_\_\_\_\_  
Special instructions or comments for the centre staff: \_\_\_\_\_

## Health Information

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

BC Medical No: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Allergies? Describe: \_\_\_\_\_

**If allergies are severe, please fill out the Anaphylaxis Health Care Plan.**

List of Special Medications \_\_\_\_\_

Vision, Speech, Hearing, or Emotional Problems? Describe: \_\_\_\_\_

## Immunization Schedule And Record

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Date of Birth

If written proof of vaccinations available, please write in the dates immunizations were given, or attach a photocopy of the immunization record.

	2 months	4 months	6 months	12 months	18 months	4-6 years
DPT						
Poliomyelitis						
HIB (Meningitis)						
MMR						

If written proof of vaccinations is unavailable, please fill the following:

\_\_\_ My child has had some vaccinations.

\_\_\_ My child has had no vaccinations.

\_\_\_ I do not know.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

## Emergency Consent

It is our policy that we notify a parent when a child is ill or needs medical attention. If we cannot contact parent(s) and we need to get immediate help for your child, our procedure is to take the child to the nearest emergency centre. Please sign the consent below so that we can take appropriate action on behalf of your child.

I hereby give consent for my child \_\_\_\_\_ when ill, to be taken to the nearest emergency centre by the Futurekids Centre staff when I cannot be contacted.

I consent to an ambulance being called to take my child, if necessary.

Child Name: \_\_\_\_\_

BC Med No: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Tel. No: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_

Tel. No: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

# PARENTS AGREEMENT

In consideration of the premises, covenants and agreements herein, the parent(s) or guardian (hereinafter called "The Parent(s)") and the centre agree as follows:

1. The Parent(s) warrant that the information contained in the foregoing registration form is true and accurate and confirm that such forms part of the agreement.
2. The Parent(s) agree to pay the fees by the third working day of each month and a \$2.00 a day late fee thereafter and understands that this fee is non-refundable. Failure to pay the fees by the 5th will result in immediate withdrawal of services, unless pre-arranged with the supervisor.
3. The Parent (s) confirm having been advised that the staff is neither trained in medicine nor medical procedures or the administration of drugs or medication and that no provision is made for such.
4. The Parent(s) authorize the administration of certain medications and drugs as have been prescribed by a physician in the manner and under the circumstances previously described.
5. The Parent(s) authorize the centre to take any steps necessary and are as reasonably required to ensure the health, safety, and well being of the child, including the calling of a medical doctor or other health care person, or the sending of the child to a hospital. The centre will make all reasonable efforts to contact the parents before taking such steps.
6. The Parent(s) authorize the physician or other health care person in charge called or referred to, to take any steps necessary and as are reasonably required, to ensure the health, safety, and well being of the child.
7. The Parent(s) understand that the centre is not allowed to accept any child who is visibly ill or has any communicable disease. In this situation the staff is to be notified immediately.
8. The Parent(s) will provide an emergency supply kit (please see staff for details) for their child, to be kept at the centre for the duration of their time at Futurekids.
9. The Parent(s) authorize the centre and sign the permission release form to take the child on outings and field trips as may be arranged from time to time. They will inform the centre if their child is less than 80lbs and provide a booster seat for the field trips.
10. The Parent(s) give permission to take photographs of the child to be used for displays on bulletin boards, social media, brochures, the company website and scrapbooks.
11. The Parent(s) will sign their child(ren) In/Out of the centre and will notify the centre if the child(ren) will be absent for the day.
12. The Parent(s) understand that the staff is not legally allowed to release the child to anyone not authorized on the registration form and agree to a written and signed notice beforehand if someone new is picking up the child. This person will need to bring an ID.
13. The Parent(s) will arrange to pick up the child by 6:00 pm or will be responsible to pay \$1.00 each minute after, to the staff on duty.
14. The Parent(s) agrees to give one month's written notice (from the 1st of the month) for the withdrawal of the child from the centre for any reason. Because vacancies which occur late in the school year are difficult to fill, Preschool and Out-Of-School Parent(s) withdrawing the child on or after April 1st, shall pay the fees for April, May, and June despite the actual withdrawal date. Registration fee is non-refundable.
15. The Parent(s) understand that in the case of subsidy it is their responsibility to regularly keep in touch with the worker to carry over monthly subsidy. The centre is not responsible for arranging any subsidy payments.
16. The Parent(s) understand that if the child consciously and constantly creates a situation that threatens the ability of the teacher to perform duties or the ability of fellow peers to interact in a safe and secure environment, the child may be asked to leave the centre at any time during that year.
17. The Parent(s) waive all claim against the centre in excess of public liability insurance carried by the centre, in case of injury to the child while in the care, custody, or control of the centre.
18. Prepaid funds will be returned to Parent(s) if all terms of agreement are met.

Dated at the municipality of Coquitlam, in the Province of British Columbia, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed/Agreed:

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother