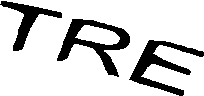
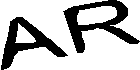
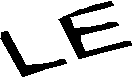
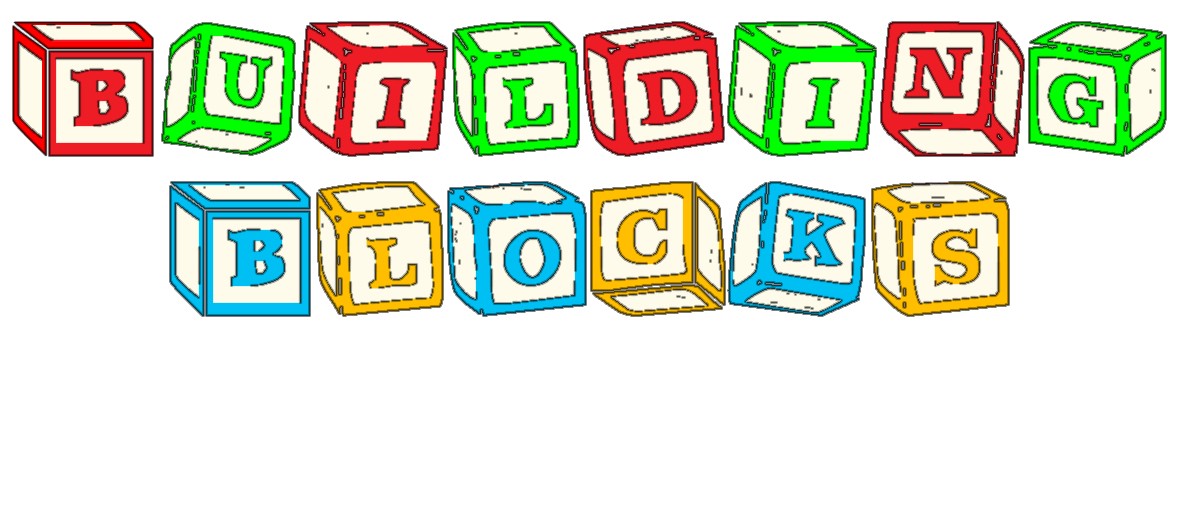


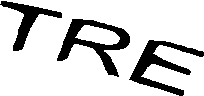
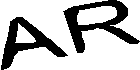
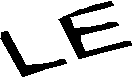
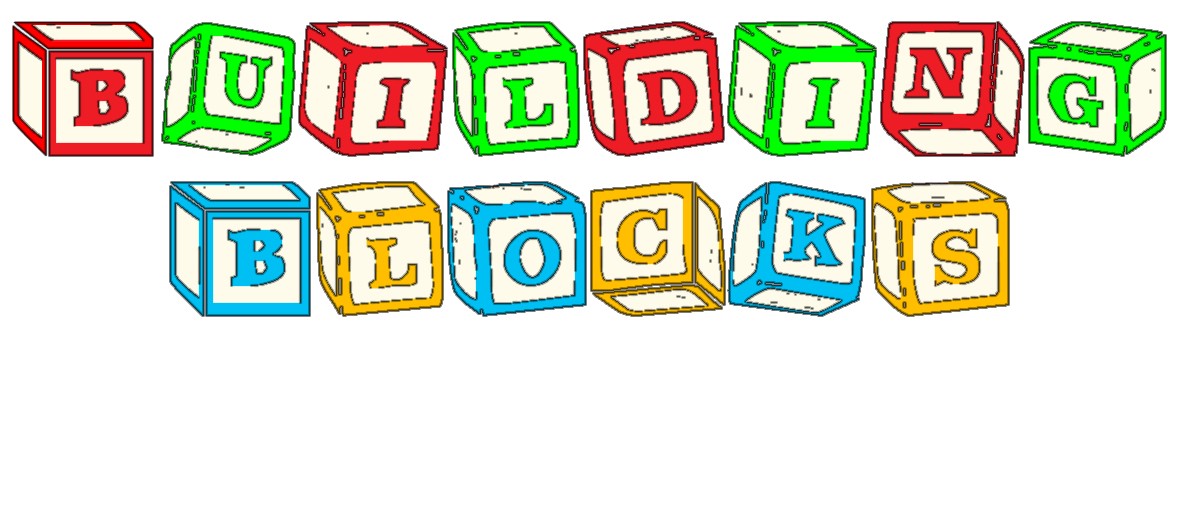
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SCHOOL AGE REGISTRATION FORM** | | | | |
| Name of Child: | | Name Child Responds To: | | |
| Sex: | Birthdate: | | Enrollment Date: | |
| Address: | | | City: | |
| Email: | | | Postal Code: | |
| Mothers Name: | | | Home Phone: | |
| Address (If Different From Above): | | | Work Phone: | |
| Cell Phone: | |
| Father Name: | | | Home Phone: | |
| Address (If Different From Above): | | | Work Phone: | |
| Cell Phone: | |
| Person(s) Whom The Child Lives With: | | | | |
| Language Spoken At Home: | | | | |
| Doctors Name: | | | Phone: | |
| Care Card Personal Health Number: | | | | |
| Allergies/Reaction/Treatment: | | | | |
|  | | | | |
| Illnesses or Medical Conditions/Symptoms/Treatment: | | | | |
|  | | | | |
| EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN | | | | |
| Name | Relationship | Home Phone | | Alternate Phone |
|  |  |  | |  |
|  |  |  | |  |
| PERSONS AUTHORIZED TO PICK UP CHILD FROM THE CHILD CARE FACILITY | | | | |
| Name | Relationship | Phone | | Identification Number |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| If there is a special custody arrangement, please give details: | | | | |
|  | | | | |
|  | | | | |

**How Did You Hear About Us?**





|  |
| --- |
| **CHILD HISTORY** |
| Child Name: |
| Other Children At Home: |
|  |
|  |
| What Are Your Child's |
| Favorite Activities: |
| Food Dislikes: |
| Sleeping Pattern: |
| Toileting Practices: |
| Religious or Cultural Beliefs: |
| Is Your Child Subject To: (If Yes, Please Explain) |
| Ear/Nose/Throat Infections |
| Urinary Track Infections |
| Bleeding Noses |
| Skin Problems |
| Seizures |
| Other Medical Conditions |
| Emotional Problems |
| Learning Disabilities |
| What Are Your Child's |
| Previous Experience From Home: |
|  |
| Reactions to Separation: |
|  |
| Significant Events in the Last Year: |
|  |
|  |
| Other Comments: |
|  |
|  |



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IMMUNIZATION HISTORY | Immunization Dates | | | | | |
| Date | Date | Date | Date | Date | Date |
| Diphtheria/Pertussis/Tetanus |  |  |  |  |  |  |
| Poliomyelitis |  |  |  |  |  |  |
| HIB (Meningitis) |  |  |  |  |  |  |
| Measles/Mumps/Rubella |  |  |  |  |  |  |
| Please Indicate Where Original Records Can Be Found: | | | | | | |
| Special Diet: (Please Explain) | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Name of Previous Child Care Arrangement: | | | | | | |
| Dates of Attendance: | | | | | | |
| Reason for Leaving: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Special Instructions or Comments for the Caregiver: | | | | | | |
|  | | | | | | |
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| --- | --- |
| I authorize the staff at the day care centre to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.  Signature or Parent Guardian: Date: | |
| Manager of Facility: Facility Name: |  |
|  |

**School Age Care Requirements**

Late Fees:

In the event that fees are not post-dated there will be a reminder a week prior to the month payment is due. If the payment is not received on the first day of the coming month your space will become available for the next family on the waiting list.

Late pick up fee is $1.00 for every minute late.

There will be a $25 fee for N.S.F. cheques.

The centre requires post-dated cheques dated the 1st of each month. We can charge a late fee of $10 if cheques are not handed in on time.

One month’s written notice is required upon parental withdraw from the daycare. One month’s fees will be withheld in the event that there is no notice given.

The daycare has the right to give you as a parent or guardian, one months notice to have your child withdrawn from the program. If immediate withdraw is given the centre will prorate the current months fees.

The daycare would also like to be able to photograph your child for parties, special events, fieldtrips, and activities. Signing below will give us permission to do so. If you do not wish for your child to have their picture taken please state below.

I have fully read and understand all of the above and agree with the centre’s requirements along with their parent handbook.

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you! Manager: Jayme Stubbert & Staff at Building Blocks

Permission to Photograph 

Dear Parents/Guardians,

As some of you know we have a website online that features our classroom activities and fieldtrips. The website is for parents to see a bit about our program. We do not use any names of the children on our site and will only post pictures with parents/guardian permission.

We also create a CD over the program year for children and families to have as a keepsake. We will only include pictures of your child with parent/guardian permission.

Please sign below to let us know if we do or do not have permission to place your child’s work and photos on or website and memory CD.

Thank you kindly,

Building Blocks Learning Centre

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**Permission Consent: Website** 

Building Blocks Learning Centre **DOES / DOES NOT** have permission to place photos of my child participating in the classroom activities, field trips, and their artwork on our **website**. ([www.buildingblockslearningcentre.ca](http://www.buildingblockslearningcentre.ca))

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Consent: Memory CD** 

Building Blocks Learning Centre **DOES / DOES NOT** have permission to place photos of my child participating in classroom activities/field trips and their artwork on our **memory CD**.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Consent: Private Facebook Website** 

Building Blocks Learning Centre **DOES / DOES NOT** have permission to place photos of my child participating in the classroom activities, field trips, and their artwork on our **invite only Facebook page.** All parents/staff who are in the Building Blocks program are the only friends added to this to try to prevent any outside viewers.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_