

**Registration form for HappyLand
Learning Centre Child Care**



FACILITY NAME:		Attendance day: Mon____ Tues____ Wed____ Thurs____ Friday____	
FULL NAME OF CHILD:		USUAL NAME OF CHILD [IF DIFFERENT]:	
PERSONAL INFORMATION			
CHILD'S DATE OF BIRTH:	GENDER: Male____ Female____	STARTING DATE:	
ADDRESS:		POSTAL CODE:	
		PHONE: ()	
PARENT OR GUARDIAN:		PARENT OR GUARDIAN:	
ADDRESS [IF DIFFERENT FROM ABOVE]:		ADDRESS [IF DIFFERENT FROM ABOVE]:	
PHONE:		PHONE:	
WORK ADDRESS/ALTERNATE LOCATION:		WORK ADDRESS/ALTERNATE LOCATION:	
PHONE [INCLUDE LOCAL]:		PHONE [INCLUDE LOCAL]:	
CELL PHONE/PAGER:		CELL PHONE/PAGER:	
HOURS AT THIS LOCATION:		HOURS AT THIS LOCATION:	
EMERGENCY HEALTH INFORMATION			
CARE CARD NUMBER:			
FAMILY DOCTOR/CLINIC NAME:		DOCTOR/CLINIC PHONE:	
CONSENT FOR EMERGENCY CARE			
I authorize the staff at the child care centre to call a medical practitioner or ambulance/transport child to emergency medical care in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PERSON(S) AUTHORIZED TO PICK UP CHILD (other than Parent/guardian listed above, include emergency pick up))

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NAME:	RELATIONSHIP:	PHONE:	Authorized to pick up	Authorized to call in an Emergency

PERSON(S) NOT PERMITTED ACCESS TO MY CHILD

NAME:	RELATIONSHIP:	PHONE:

CUSTODY OR OTHER LEGAL ORDERS YES NO
 If yes, supply a copy of the order to the facility Manager/ Licensee

CHILD'S IMMUNIZATION STATUS

IS YOUR CHILD IMMUNIZED?
 YES No **Not Immunized**

COMMENTS:

HEALTH INFORMATION [Please attach a separate sheet, if necessary]

REGULAR MEDICATION[S] AND REASONS FOR [PLEASE LIST]:

ALLERGIES AND TREATMENT OF [PLEASE LIST]:

INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD AND INCLUDE DATE(S):

1. Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.)

2. Please describe any concerns you may have regarding your child's development [i.e., behaviour, vision, hearing, speech, language, mobility, etc.]:

3. Describe any specific care instruction regarding 1) and/or 2) above:

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OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE, E.G., occupational therapist/physical therapist:

ANY OTHER INFORMATION I SHOULD KNOW

SIGNATURE OF PARENT OR GUARDIAN PROVIDING INFORMATION

SIGNATURE

PRINT NAME

DATE

NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.

FACILITY USE ONLY (Facility has provided a copy of the following)

- | | | | | |
|-------------------------|-----|--------------------------|----|--------------------------|
| 1. Prepayment policy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Behavioural Guidance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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ADDITIONAL INFORMATION ABOUT YOUR CHILD (Optional)

GROUP EXPERIENCES

WHAT IS/ARE YOUR CHILD'S FAVOURITE TOY(S)/ACTIVITIES:

HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCE? YES NO

IF YES, HOW DID HE/SHE ADAPT?

HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN [E.G., SEEKS OTHERS OUT, FEELS SHY]:

EMOTIONAL

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE:

WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?

FAMILY AND GENERAL HOUSEHOLD INFORMATION

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE [E.G., SIBLINGS, GRANDPARENTS, ETC.]:

PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME:

PRIMARY LANGUAGE SPOKEN IN THE HOME:

OTHER LANGUAGES:

NAME OF ENGLISH SPEAKING PERSON [IF NEEDED]:

PHONE:

EATING AND NUTRITION

LIST YOUR CHILD'S FAVOURITE FOOD:

LIST ANY DISLIKED FOOD:

PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS:

ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOODS?

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SLEEPING

NAP TIME:

HOW LONG TO SETTLE

TIME OF WAKING:

BEDTIME:

HOW LONG TO SETTLE

TIME OF WAKING:

DOES YOUR CHILD TAKE A FAVOURITE COMFORTER [E.G., BLANKET OR TOY] TO BED?

YES NO

IF YES, PLEASE DESCRIBE AND TELL US IF IT IS "NAMED":

WHAT IS YOUR CHILD'S MOOD UPON WAKENING?

TOILETING

IS YOUR CHILD TOILET-TRAINED?

YES NO PARTIALLY

PLEASE INDICATE YOUR CHILD'S FREQUENCY OR PATTERNS FOR BOWEL MOVEMENTS:

DESCRIBE ASSISTANCE NEEDED FOR TOILETING:

WHAT "SPECIAL" WORD DOES YOUR CHILD USE FOR:

URINATION: _____ BOWEL MOVEMENTS



CHILD IMMUNIZATION STATUS DECLARATION

Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the even that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensee's in meeting Section 57(2) (a) of the Child Care Licensing Regulation.

To be completed by Parent/Guardian:

Child's Name	Date of Birth
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Complete Immunization:

- Record on vaccinations attached
- Record on vaccinations unavailable

Received immunization in:

Year of last Vaccine	City	Province	If not in Canada include Country
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Incomplete Immunization:

- My child has had some vaccinations
- Record on vaccinations attached
- I do not know

Parent's/Guardian's Printed Name	Date
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Parent's/Guardian's Signature

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FACILITY NAME: Happyland Learning Centre

EMERGENCY CONSENT FORM

CHILD'S NAME:		BIRTHDATE:
SURNAME	FIRST NAME(S)	YEAR/MONTH/DAY
ADDRESS:		CHILD LIVES WITH:
PARENT'S NAME:		
WORK PHONE:		HOME PHONE:
PARENT'S NAME:		
WORK PHONE:		HOME PHONE:
EMERGENCY CONTACT:		PHONE:
CHILD'S MEDICAL DOCTOR:		PHONE:
ALLERGIES:		
MEDICATIONS:		
CHILD'S DENTIST:		PHONE:
CARE CARD #:		DATE EFFECTIVE:

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CONSENT FORM

- 1) It is the policy of this CENTRE to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to ensure that the child is taken to the nearest emergency service, either by facility staff or by emergency vehicle.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. This consent will accompany the child to the emergency Centre
- 3) I hereby give consent for my child _____ when ill to be taken to the nearest emergency centre by emergency vehicle when I cannot be contacted. Any associated costs incurred as a result of emergency transportation or medical treatment for the child is the responsibility of the child's parent/guardian.
- 4) I hereby give consent for my child _____ to receive medical treatment.

PICTURE

A rectangular box with a thin black border, intended for a photograph of the child. The word 'PICTURE' is printed in the top left corner of the box.

SIGNATURE OF PARENT / GUARDIAN

WITNESS

DATE

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SIGNATURE OF PARENT / GUARDIAN

WITNESS

DATE



Happyland Infant Toddler Centre

Things to bring list

1. Crib sheet and blanket (take home to wash every Friday)
2. Extra change of clothes to be kept at daycare (shirt, pants, socks, underwear)
3. Emergency kits
4. Indoor shoes (to be left at daycare)
5. Sippy Cup with screw-on lid (will stay at daycare)
6. Boots, mittens, hat/toque and muddy buddies for the season
7. A passport size picture of your child

*Please make sure all items are **labelled** with your child's name.



Happyland Infant Toddler Parent's Authorization Form

1. I, _____, give permission for my child _____ to be photographed or videotaped by the staff of Happyland Infant Toddler Centre and with the understanding that the photos and video will be used now or in the future for the following purposes:

Display in facility's flyer, give photographs to current clients, display in facility's scrapbook, or bulletin boards, show to current and prospective clients, display still photos/video on facility's website and/or use still photos in promotional materials.

Yes _____ No _____

2. I authorize the staff of Happyland Infant Toddler Centre to apply sunscreen, which I have provided for my child whenever necessary.

Yes _____ No _____

3. I authorize the staff of Happyland Infant Toddler Centre to call a physician or ambulance in case of accident or illness where the parent or the guardian cannot be immediately reached.

Date: _____ Signature of Parent/Guardian: _____



Parent Handbook Acknowledgement

On behalf of my child _____

I _____ have read, understand and agree to abide by the terms and policies outlined in the Parent Handbook for Happyland Infant Toddler Centre.

I agree to keep the centre informed of current changed in address, phone number or any emergency information concerning my child.

X _____
Parent/Guardian Signature



PARENTS
IMPORTANT INFORMATION

This letter is written to request that each family and the staff of Happyland Daycare assist us in providing a **NUT FREE ZONE.**

There is a tremendous risk for children and adults with nut allergies.

The consequences can be life threatening. We want to do all we can to eliminate the possibility of this happening.

We ask you to assist us in making our centres:

NUT FREE ZONES

Please do not allow your child to bring any food items into the centres which contain nuts.

We ask that no food containing nuts or nut products be brought to the daycare under any circumstances. IF YOU REQUIRE MORE INFORMATION PLEASE CALL IVY 778-995-6997.