



# 2024 REGISTRATION

## Group childcare Birth to 18 months - Infant

	Approved CCFRI Fee increase Sept 2023 – April 2024	Fee Reduction CCFRI Funding 2023/24	Parent Fee Sept 2023 – April 2024
Full time	\$1,983	-\$900.00	\$1,083

## Group childcare 18 months to 36 months - Toddler

	Approved CCFRI Fee increase Sept 2023 – April 2024	Fee Reduction CCFRI Funding 2023/24	Parent Fee Sept 2023 – April 2024
Full time	\$1,947	-\$900.00	\$1,047

## Group childcare 36 months to 5 yrs. old – Preschool Curriculum

	Approved CCFRI Fee increase Sept 2023 – April 2024	Fee Reduction CCFRI Funding 2023/24	Parent Fee Sept 2023 – April 2024
Full time	\$1,426	-\$545.00	\$881

### Registration of your child requires:

- Completing a registration form and emergency card.
- \$350 non-refundable enrolment fee
- If you receive or will be applying for childcare subsidy, your application must be approved prior to starting at the Centre unless parents agree to pay the regular fee
- Copy of custody restriction (if applicable)
- Immunization record
- Recent photo of your child
- Only monthly pre-authorized debit, post-dated cheques or e-transfers will be accepted, please send e-transfers to [Richard@childrenoftheisland.com](mailto:Richard@childrenoftheisland.com) please reference your child's name

Registration is not complete, and care will not commence until all required documents and fees are received and completed.

Please note that our Withdrawal and Termination policy applies at registration, **6 WEEKS WRITTEN NOTICE IS REQUIRED WHEN WITHDRAWING OR TERMINATING.**



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## Registration Form

Date of Enrolment: \_\_\_\_\_ Type of Program: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_  
yy mm dd

Full name of Parent(s)/Guardian:

1. \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Email: \_\_\_\_\_

Address:

1. \_\_\_\_\_

2. \_\_\_\_\_

Phone #: HOME: 1. (\_\_\_\_) \_\_\_\_ - \_\_\_\_ WORK: 1. (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
2. (\_\_\_\_) \_\_\_\_ - \_\_\_\_ 2. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Place of work: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Family Doctor or call 911: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Names of other children in family:

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

Birthdate:

( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( yy / mm / dd )

( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( yy / mm / dd )

### PERSONS AUTHORIZED TO CONTACT IN EMERGENCY

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name

Phone #

### PERSONS AUTHORIZED TO PICK UP THE CHILD

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name

Phone #



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Person(s) not permitted access to child: \_\_\_\_\_

Custody restrictions? NO ☐ YES ☐ If YES, please attach court order and state general conditions.

## CHILD CARE INFORMATION

Has the child had previous experience away from home? NO ☐ YES ☐ If YES, explain:

Do you think your child feels comfortable leaving parents? NO ☐ YES ☐ If YES, explain:

What are the child's eating habits?

Favourite foods : \_\_\_\_\_

Strong dislikes : \_\_\_\_\_

## HEALTH INFORMATION

Does your child regularly take medication? NO ☐ YES ☐ If YES, explain

Special instructions concerning Care(language, behavioral, physical support) Medication, Dietary:

Has this child had any known health problems or depressed immune system?

NO ☐ YES ☐ If YES, attach documentation\*\*

List communicable diseases child has had:

Has he/she had any recent illness? NO ☐ YES ☐ If YES, explain

Any allergies? NO ☐ YES ☐ \*\* If YES, list ALLERGENS:

\*\*Attach special instructions to follow in the event of an allergic reaction

It is the policy of this facility to notify a parent when a child is ill or requires medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.

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. We will take this consent with us to the emergency centre.

I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.

I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature of Child Care Provider**



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## PERMISSIONS AND CONSENT

### Permission to Apply Skin Care Products

I hereby give permission for Children of the Island Early Learning Centre staff to apply sunscreen and/or (other skin cream) \_\_\_\_\_ to my child as necessary. Please state when it should be applied \_\_\_\_\_ (ie. 3 x day or if rash on bottom appears etc.)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Regular Alternate/Substitute Childcare Provider Consent

I hereby give consent to Children of the Island Early Learning Centre, to leave my child(ren) in the care of an alternate/substitute childcare provider as deemed appropriate or necessary. Reasonable effort will be made to ensure that both parents and children have had the opportunity to meet the alternate/substitute childcare provider in advance, except in emergency situations.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent to Record Child's Image

I hereby give consent to Children of the Island Early Learning Centre to have my child, \_\_\_\_\_ images recorded in various formats including but not limited to photographs, video, etc. I understand that these images may be used in the regular course of the childcare program. (displayed in the centre, used in the creation of arts and crafts projects, or contained in childcare related newsletters, bulletins or websites.)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Trip/Outing Consent

I hereby give permission for Children of the Island Early Learning Centre Staff, to take my child \_\_\_\_\_ for walks, field trips and/or away from the childcare facility as appropriate. These may or may not include using our passenger vans for transportation.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Handbook consent

I agree that I have read, understand and agree to comply with all of the Children of the Island Early Learning Centre Inc. policies, rules and regulations as outlined in the centre's handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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PHOTO HERE

## Emergency Information Card

Child name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Eye colour: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Child resides with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Guardian \_\_\_

Mother's name \_\_\_\_\_ Cell/work # \_\_\_\_\_

Father's name \_\_\_\_\_ Cell/work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Child dentist \_\_\_\_\_ Phone \_\_\_\_\_

Childs doctor \_\_\_\_\_ Phone \_\_\_\_\_

(or if no doctor we call 911)

Childcare card # \_\_\_\_\_ Allergies \_\_\_\_\_

Medical condition \_\_\_\_\_ Medication \_\_\_\_\_