



2024 REGISTRATION

Group childcare Birth to 18 months - Infant

	Approved CCFRI Fee increase May 2024 – March 2025	Fee Reduction CCFRI Funding 2024	Parent Fee May 2024 – March 2025
Full time	\$2,028	-\$900.00	\$1,128

Group childcare 18 months to 36 months - Toddler

	Approved CCFRI Fee increase May 2024 – March 2025	Fee Reduction CCFRI Funding 2024	Parent Fee May 2024 – March 2025
Full time	\$1,991	-\$900.00	\$1,091

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

	Approved CCFRI Fee increase May 2024 – March 2025	Fee Reduction CCFRI Funding 2024	Parent Fee May 2024 – March 2025
Full time	\$1,456	-\$545.00	\$911

Registration of your child requires:

- Completing a registration form and emergency card.
- \$375 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 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 _____

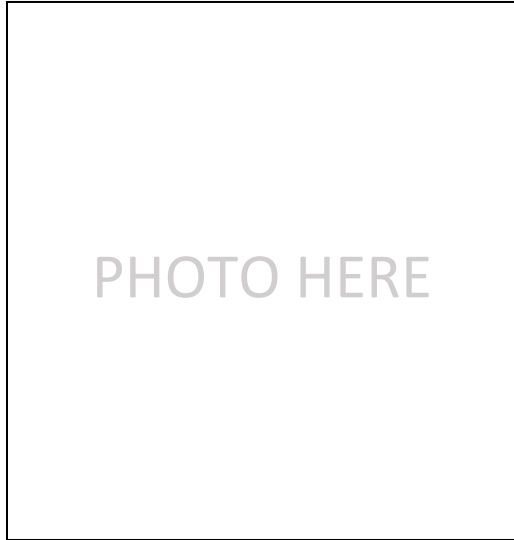
Handbook consent

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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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 _____