The Cridge Centre for the Family

1309 Hillside Avenue Victoria BC V8T 2B3 Tel: 250-995-6416 Fax: 250-361-3260

Early Childhood Programs Manager: Paula West-Patrick

Child Care Centre

NURSERY REGISTRATION FORM

The Cridge Centre for the Family collects personal information on this form for reasonable and obvious purposes such as verifying identity, enrolling in a service, to secure contact information, and to meet regulatory requirements. This information will never be used for purposes outside of the obvious without your permission.

Please sign the following statement:

I / we, _____, the parent(s) and/or

legal guardian(s) of our child, _____, declare that I / we have read and understand the Centre's Admission Policies and Procedures.

This includes the policy which states, "After a space has been accepted by the parent / guardian and the child is subsequently withdrawn prior to starting in the Centre, a 15% administration fee will be withheld from the original deposit (the balance will be refunded)."

Mother / Guardian: _____ Date: _____

Father / Guardian: _____ Date: _____

---------- For Office Use Only ----------

Application received on _____ by _____

Start date Room # _____

❍ $100 Deposit received (to be applied to the last month's fees) by _____

❍ $15 payment for mandatory program-supplied Comfort Kit by _____

❍ Waitlist (deposit required when space is available and accepted)

ABOUT YOUR CHILD:

Name of child: _____ Nickname: _____
(last) (first) (middle)

Date of birth: _____ day _____ month _____ year Gender: Male ( ) Female ( )

Address: _____ Postal Code:

Family Doctor or Pediatrician: _____

******* Care Card Number:** _____

ABOUT YOUR FAMILY:

Mother	**Father**
Name: _____	Name: _____
Home phone: _____	Home phone: _____
Cell / Pager: _____	Cell / Pager: _____
Work phone: _____	Work phone: _____
E-Mail: _____	E-Mail: _____

☐ I would like to receive communications from The Cridge Centre by email. I understand that I can unsubscribe at any time or change my preferences. I will receive information about the program I am registered in, occasional newsletters, updates and opportunities to participate. Refer to our privacy policy here: https://cridge.org/about-us/annual-reports/

Place of work/school: _____	Place of work/school: _____
Occupation: _____	Occupation: _____
Work hours: _____	Work hours: _____

Name of sibling(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Other adults at home: _____

Pets: _____

The Centre's staff will not release your child to an unauthorized person unless you provide us with a **written** permission prior to the event. Therefore, please provide the Centre with at least two emergency contacts, persons who are authorized to drop off and pick up your child.

Emergency Contacts

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

CUSTODY RESTRICTIONS **Yes ( ) No ( )**

If yes, is a copy of the court order or restrictions attached Yes ( ) No ( )

Persons not permitted access to child:

Name	Relationship to Child	Phone Number

ABOUT YOUR CHILD'S HEALTH:

Does your child have any **allergies**? Yes ( ) No ( )

If "yes", please explain: _____

Are there any special **health concerns** that staff should be aware of? Yes ( ) No ( )

If "yes", please explain: _____

You are responsible for keeping a record of your child's immunizations; a copy of the immunization record must be attached to this application.

Is your child immunized? Yes ( ) No ( ) If No, please sign the following statement:

I understand, that should there be a suspected or real outbreak of any communicable disease, I have to remove my child from the Centre until cleared by medical staff.

Signature: _____ Date: _____

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN
(ATTACH IMMUNIZATION RECORD- OR RECORD THE DATES)

First Visit-two months of age: 1"-/YY / fv1M / UP	
O	Diphtheria
O	Pertussis
O	Tetanus
O	Polio
O	Haemophilus Influenza Type b (hib)
O	Hepatitis B
O	Pneumococcal Conjugate
O	Meningococcal C ConJugate
Second Visit-two months after first visit: \'/ Y Y / \1\1 / rm	
O	J)iphtheria
O	Pertussis
O	Tetanus
O	Polio
O	Haemophilus In.fluenza Type b (bib)
O	Hepatitis B
O	Pneumococcal Conjugate
Third Visit-two months after second visit: Y Y YY / iv1\! / l ɔ!ɔ	
O	Diphtheria
O	Pertussis
O	Tetanus
O	Polio
O	Haemophilus Influenza Type b (hib)
O	Hepatitis B
O	Pneumococcal ConJugate

Fourth Visit-12 months of age: l'YY\' / \1\.l / liD	
O	Measles
O	Mumps
O	Rubella
O	Meningococcal C ConJugate
O	Varicella (chicken pox)
Fifth Visit-12 months after third visit: YYYY / . 'l:vt / DD	
O	Diphtheria
0	Pertussis
0	Tetanus
O	Polio
O	Haemophilus Influenza Type b (hib)
O	Measles, Mumps, Rubella
O	Pneumococcal ConJugate
4 to 6 years of age: Yi'YY / \·iVl / DD	
0	Diphtheria
O	Pertussis
0	Tetanus
O	Polio
O	Varicella (chickenpox)
Other Immunizations:	
YYiY / ivl\1/ DD	
YYYY / M\il DD	
YYYY / M.\i / UII	

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

CAREGIVER SIGNATURE _____

DATE _____

MORE ABOUT YOUR CHILD:

All children are required to have a rest. Would you prefer that he/she sleep? Yes ( ) No ( )

Is there any other information about your child that would be helpful for the staff to know in order to take better care of your child?

_____

_____

_____

_____

Is your child breast fed? Yes ( ) No ( )

Is your child bottle fed? Yes ( ) No ( )

If bottle fed, does your child take:

Breast milk	Yes ( )	No ( )
Formula	Yes ( )	No ( )
Homogenized milk	Yes ( )	No ( )
2% milk	Yes ( )	No ( )

Other: _____

What is your child's feeding schedule? _____

_____

_____

What is your child's sleep schedule? _____

_____

_____

REMINDER TO PARENTS:

Please **do not** bring glass bottles to the Centre, as they can be dangerous to all children if they are dropped or broken. Peanuts and popcorn are not recommended for this age group because of the hazard of choking.

PERMISSION FORM

1. I hereby give permission for my child to go on field trips arranged by the Nursery staff; I understand that I will be informed in advance of any special field trips. Yes ( ) No ( )

2. I hereby give permission to have pictures and/or videos taken of my child in the program setting for general record-keeping and publicity purposes. Yes ( ) No ( )

3. On occasion the Centre receives a request from other professionals or the community to observe the program; we attempt to do this with the least disturbance to the children's routine. I hereby give permission for my child to be present on these occasions. Yes ( ) No ( )

4. At times the staff is invited to partake in a case management meeting or the staff has to confer with other professionals about your child. I hereby give permission for the staff to confer with the following professionals about my child:

( ) Physician	( ) Public Health Nurse	( ) Social Worker
( ) Infant Development Consultant	( ) Speech and Language Therapist	( ) Financial Assistance Worker
( ) Physiotherapist	( ) Occupational Therapist	( ) ECE Students

5. In the event that your child needs medical attention, staff will attempt to contact you or your emergency contact persons. If the staff cannot reach anyone, and your child has to be taken to an emergency clinic, the staff will do so by ambulance, Cridge vehicle or taxi at the Cridge Centre's expense. We will continue to attempt to reach you and your emergency contact persons. I hereby give permission for the Cridge Centre staff to take my child to an emergency clinic. Yes ( ) No ( )

_____ _____

Parent/Guardian Signature Date

All information about you and your family, which is provided to the Cridge Centre for the Family, will be held in the strictest confidence by all involved departments within the organization.

For more information, please see The Cridge Centre Childcare Policies and the Guidance & Discipline Statement under the Applications link on our Web site: www.cridge.org.

Client Code of Conduct

I understand as a participant in the Cridge Centre for the Family that I am responsible for my behavior.

I will act in ways that bring respect to me, my family and friends and other participants within the program.

I will not use bad language, swear, insult or fight with other people. I will refrain from any form of personal abuse towards others, including verbal, physical and emotional abuse.

I will participate actively in the program.

I will let the organization know if my plans change and I am unable to keep an appointment or participate in an activity.

I will ask any staff or other participants if I may call him or her at home. If he/she agrees, I will be reasonable and responsible about the time of day and how often I call.

I will keep contact with the organization's staff by responding to phone calls, letters and other means of communicating promptly.

If a problem develops, I will immediately talk to my family or caregiver and/or a representative from the organization about it.

If a problem develops within my family or other circumstances occur that affects my participation in the program, I will contact the organization.

I agree to follow all established rules and guidelines of the organization

Date _____ Signature _____

June, 2012

The Cridge Centre for the Family

1307 Hillside Avenue Victoria BC V8T 0A2 Tel: (250) 384-8058 Fax: (250) 384-5267

Web site: www.cridge.org

Serving the Community Since 1873

Pre-Authorized Credit Card Consent Form

I, _____, hereby authorize The Cridge Centre for the Family to charge the monthly Childcare fees for my child, _____, to my credit card on the 1st of each month.

The regular monthly fee is $_____; if my child is enrolled in the Milk Program ($10.00/month) or Sportball ($20.00/month), those fees can be added to my monthly charge.

For part-time enrolments, the fees each month will be calculated based on the number of scheduled days times the daily rate (full monthly fee divided by 20 days).

The fees may be adjusted if there is a rate increase (generally effective April 1st annually); no change to the regular monthly rate will be implemented without a minimum of 60 day's notice.

My credit card information:

Client Name: _____

Credit Card type: Visa ☐ MasterCard ☐ American Express ☐

Credit Card Number: _____ Expiry Date: _____

Name as it appears on the Card: _____

_____ _____

(Card Holder Signature) (Date Signed)

Please indicate your choice regarding your preferred method of receipt distribution:

☐ Annual statement (in January) sent to this Email address: _____

☐ Monthly receipts sent to this Email address: _____

☐ Monthly receipts mailed to the home address on file

You can return this form to the Accounting Office, or slip it into the payment box in the Childcare lobby.

Please provide an update to the accounting office if your credit card information changes.

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Pre-Authorized Debit Consent Form

I, _____, hereby authorize The Cridge Centre for the Family to withdraw the monthly Childcare fees for my child, _____, from my bank account on the 1st of each month.

The regular monthly fee is $_____; if my child is enrolled in the Milk Program ($10.00/month) or Sportball ($20.00/month), those fees can be added to my monthly withdrawal.

For part-time enrolments, the fees each month will be calculated based on the number of scheduled days times the daily rate (full monthly fee divided by 20 days).

The fees may be adjusted if there is a rate increase (generally effective April 1st annually); no change to the regular monthly rate will be implemented without a minimum of 60 day's notice.

My bank account information:

Bank account type: Chequing ☐ Savings ☐

Attach a Void cheque, or complete the following:

Bank Number ___ ___ ___ Transit Number ___ ___ ___ ___ ___

Account Number _____

_____ _____

(Account Holder Signature) (Date Signed)

Please indicate your choice regarding your preferred method of receipt distribution:

☐ Annual statement (in January) sent to this Email address: _____

☐ Monthly receipts sent to this Email address: _____

☐ Monthly receipts mailed to the home address on file

You can return this form to the Accounting Office, or slip it into the payment box in the Childcare lobby.

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