



Playland Daycare Center

7081 Grant Rd. Sooke, BC V9Z 0N6
Phone: (250) 642-4121 – Fax: (250) 642-4180

REGISTRATION PACKAGE

This package includes everything you will need to register your child with Playland Daycare Center. Please ensure that all boxes below are checked **BEFORE** your child's first day of care.

ITEM REQUIRED	
1.) Registration Form completed with ALL signatures and info required (including parent agreement)	
2.) Current photo of child	
3.) Photocopy of child's immunizations	
4.) Registration fee (amount differs on start date – see policy)	
5.) Care plan attached (if required)	
6.) Copy of custody papers (if required)	
7.) Read the policies and procedures for the center <i>(please specify if you would like a hard copy, provided by the daycare or prefer to read the policies online, located at our website www.sookeplaylanddaycare.net)</i>	

1.) Registration Form

- Please make sure that all legal guardians/parents read AND sign the registration form.
- Please fill out the registration forms as fully and accurately as possible.
- Please read and sign the billing contract provided in this package and return with your registration.

2.) Current Photo Of Child

- Childcare Licensing requires that the daycare have a current photo of your child in the case of any emergencies or out trips.

3.) Immunization

- Please provide a photocopy of your child's immunizations. The Sooke Family Resource Society on Townsend Road can access a copy of your child's immunizations. If your child is not immunized, please make sure to make note of that in the designated place on your child's registration form.

4.) Registration Fee

- Please see the following page for details about the registration deposit (re: Registration Deposit).

5.) Care Plan

- If your child has any type of special need (severe allergies, behavioral need, special diet, etc.), Playland Daycare requests a care plan that details exactly what your child needs and requires during their time at daycare (please speak with manager directly regarding this form).

6.) Custody Papers

- If you are separated or divorced, Playland Daycare requires a current copy of all legal custody agreements that reference the custody arrangements ONLY. Please be aware that if these custody orders change at any point during your child's time with Playland, we require that you provide us with the new arrangements as soon as possible.

7.) Policy and Procedures

- Upon registering your child with Playland Daycare, please be advised that we run our center according to the policies and procedures attached to this package. We ask that you please read over this handbook carefully and refer any questions or concerns to either the manager or the owner of the center. Upon acceptance of the centers guiding policies and procedures, please provide your signature in the designated place in the registration.

Playland Daycare's Policy for Registration

Re: Registration Deposit

Playland Daycare requests that families pay a \$50.00 non-refundable deposit per child. This non-refundable deposit allows the family to hold a spot for a specific start date that does not exceed 30 days in advance. If you are wishing to have your child attend Playland Daycare, with an advanced start date that exceeds 30 days, a non-refundable deposit of \$50.00 is required in addition to half of the first month of care. In the case that care is no longer required, the payment made for the first month of care will be forfeited and is non-refundable. Playland Daycare holds a 60-day cancellation policy for families that are requesting a spot that exceeds 30 days from registration. If you no longer require care for your child(ren) in one of Playland Daycare's programs 60 days before the intended start date, Playland will refund the family 50% of their intended first month of care deposit.

In the case of the intended days of attendance changing:

1. If you wish to remove days of attendance, the non-refundable first month of care payment will not credit these changes. The changes to attendance, in the case of removing days, will not be reflected until the second month of care.
2. If you wish to add days of attendance, this will be based on the availability at the time of the request. Playland Daycare holds the authority to deny an increase of attendance if there is no space available for the child(ren) on the days being requested. If granted the extra days requested, the additional cost of the extra days will be added to the remainder of your first month of care fees.

** registration in this section is defined as the final decision that is made at the end of the tour through Playland Daycare. The 30 days will be counted from this day forward.*



PLAYLAND DAYCARE REGISTRATION FORM

Information on this form will be used for home/daycare communications, planning and programming such as transportation and to establish daycare records.

Student Information

Legal Name – Family name, first name and middle name:

Preferred name: _____ Date of birth(yyyy/mm/dd): _____

Gender (m/f): _____

Name/relationship/age of other children living at home:

Street address: _____ Unit: _____ Town: _____

Postal Code: _____

Mailing address if different from above:

School name: _____ Grade (if applicable): _____

What is your child's eating habits? ie: fussy, favorites, not favorites, etc.

Parent/Guardian Information #1

Name – Last name, first name:

Relationship to student (please check the one that applies to this individual):

Parent: _____ Guardian: _____ Custody: _____ Lives with student: _____ Special custody: _____

Access to records: (y/n) _____ Receives mail: (y/n) _____

Emergency Contact Priority: First: _____ Second: _____ Third: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ ext: _____

Address (if different from student): _____

Email address: _____

Street address: _____ Unit: _____ Town: _____

Postal Code: _____

Authorized to pick up child from facility: (y/n) _____

Special Instructions: _____

Parent/Guardian Information #2

Name – Last name, first name:

Relationship to student (please check the one that applies to this individual):

Parent: _____ Guardian: _____ Custody: _____ Lives with student: _____ Special custody: _____

Access to records: (y/n) _____ Receives mail: (y/n) _____

Emergency Contact Priority: First: _____ Second: _____ Third: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ ext: _____

Address (if different from student): _____

Email address: _____

Street address: _____ Unit: _____ Town: _____

Postal Code: _____

Authorized to pick up child from facility: (y/n) _____

Special Instructions: _____

Emergency Contact Information (other than parent)

Name – Last name, first name: _____

Gender (m/f): _____

Relationship to student: _____

Emergency Contact Priority: First: _____ Second: _____ Third: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ ext: _____

Email address: _____

Authorized to pick up child from facility: (y/n) _____

Special Instructions: _____

Alternative Pick-ups (other than parent & emergency contact)

Name – Last name, first name: _____	Phone Number: _____	Relationship: _____
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Name – Last name, first name: _____	Phone Number: _____	Relationship: _____
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Name – Last name, first name: _____	Phone Number: _____	Relationship: _____
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******PLEASE ADVISE OF ANY PERSONS NOT PERMITTED ACCESS TO CHILD/REN:**

Name: _____ Relationship: _____

Medical Information – Immunization records to be submitted by parent, copied for file

If you have chosen **not** to immunize your child please check the following box: ☐

(Please be advised of the risks and responsibilities surrounding communicable diseases and care for your child accordingly; see Illness and Sickness section of Playland's Policy and Procedures)

Allergies: (y/n) _____ If yes, please list allergies and medications: _____

***Please attach special instructions in the event of an allergic reaction (fill out Care Plan)**

Medical alert information or disabilities: _____

List any communicable diseases child has had, ie chickenpox: _____

Family Doctor: _____ Phone Number: _____

Personal Health Number: _____

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:** _____

Notice to Parents

Personal information is collected at registration and will be used for planning, programming, communications and billing.

Account Number: _____ Date of Enrollment: (yyyy/mm/dd) _____

Last day attended: (yyyy/mm/dd) _____

Program: **Out of School Care**

G3

_____ F/T

_____ F/T U3

_____ D/I B

_____ F/T O3

_____ D/I A

_____ PSP

_____ D/I BA

_____ Sum G3

_____ Sum OSC

Bussing Required: (y/n) _____ am _____ pm School: _____

Subsidy: (y/n) _____ Care Code: _____ Parent Portion per month: \$ _____

Max Subsidy or SNS per month: \$ _____

BENEFIT PERIOD

MAX # OF DAYS PER MONTH

Start	End	Half	Full

Please check the following boxes:

☐ I understand and accept the policies and procedures of Playland Daycare center.

☐ I hereby certify that the above information contained on this form is accurate

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

CAREGIVER SIGNATURE: _____

DATE: _____

[illegible]

