

Playland Daycare Center

7081 Grant Rd. Sooke, BC V9Z 0N6
 Phone: (250) 642-4121 – Fax: (250) 642-4180
www.sookeplaylanddaycare.net
 sookeplaylanddaycare@gmail.com

Registration form for Group Daycare

Child's full name: _____

****Please check off what type of care you are looking for and which days****

CHILDREN UNDER 3 YEARS OLD

Type of Care	Monthly Rate
5 days per week	\$1137.00 per month, per child (\$787 after fee reduction)
4 days per week	\$951.00 per month, per child (\$671 after fee reduction)
3 days per week	\$741.00 per month, per child (\$531 after fee reduction)
2 days per week	\$515.00 per month, per child (\$375 after fee reduction)
1 days per week	\$289.00 per month, per child (\$219 after fee reduction)

CHILDREN 3 – 5 YEARS OLD

Type of Care	Monthly Rate
5 days per week	\$941.00 per month, per child (\$841 after fee reduction)
4 days per week	\$774.00 per month, per child (\$694 after fee reduction)
3 days per week	\$605.00 per month, per child (\$545 after fee reduction)
2 days per week	\$428.00 per month, per child (\$388 after fee reduction)
1 days per week	\$226.00 per month, per child (\$206 after fee reduction)

****Subsidy amounts will be based on the amount after the fee reduction****

This package includes everything you will need to register your child with Playland Daycare Center. Please ensure that all boxes below are checked, and registration is returned to Playland Daycare **BEFORE** your child's first day of care, along with the appropriate fees.

ITEMS REQUIRED	<input checked="" type="checkbox"/>
1.) Registration Form and attached forms completed with ALL signatures and info required	
2.) Current photo of child	
3.) Photocopy of child's immunizations	
4.) Registration fee \$50 per child (plus deposit of one month's fee if start date is more than one month from registration, put towards your last month of care at Playland)	
5.) Care plan attached (Speak with manager if required. For allergies, extra support etc.)	
6.) Copy of custody papers (if required)	
7.) Read the policies and procedures for the center (<i>located at our website www.sookeplaylanddaycare.net</i>)	

Family Information

Child's name: _____ Birthdate: _____ Gender: _____
Last name, First name YYY/YY/DD

Name child responds to: _____

Name of parent registering child: _____

Address: _____ Home Phone: _____

Postal Code: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Name of other parent: _____

Address: _____ Home Phone: _____

Postal code: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Other children living at home:

Names and ages: _____

Emergency contacts and authorized pick up contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons not permitted to access child

Name: _____ Phone: _____ Relationship: _____

Custody Restrictions

Are there custody restrictions such as a court order? **Y / N** Please state conditions here and attach legal document if it is required of us to enforce

General Information

Is your child toilet trained? **Y / N** Would you like your child to nap? **Y / N**

Health information

Family Doctor: _____ Phone: _____

Personal Health Number _____

Does your child have any special needs? **Y / N**

If yes, please explain and attach a copy of diagnosis:

Does your child have a support worker? **Y / N** **If yes, please contact Playland before registration.**

Is your child allergic to anything? **Y / N** If yes, please explain:

Has your child or does your child have any serious health problems that we need to be aware of? **Y / N**

If yes, please explain:

Does your child regularly take medication? **Y / N** If yes, please explain: **A medication form must be filled out and attached if Playland staff are to administer any medication. A Health care plan must also be filled out and attached if we are to administer any medication in an emergency (such as epipen)**

Immunization

You are responsible for keeping your child's immunization record. A copy must be attached.

Is your child immunized? Y /N

If your child is not immunized, please read and sign the following:

I understand that should there be a suspected or real outbreak of any communicable disease in my child, I will be asked remove my child from the center until cleared in writing by medical staff.

Signature: _____ Date: _____

I would like Playland Daycare to contact me ONLY in the case of first aid emergencies (child requires medical attention at a hospital, sustained a head injury, or has a communicable disease), and not for every incident my child may be involved in.

Signature: _____ Date: _____

Child Care Information

Has your child been registered at Playland before? **Y /N** Has your child been in child care before? **Y / N**

Please list the days of care you need: _____

Time your child will be arriving Playland? _____ am. Time your child will be picked up? _____ pm.

Any other information that we need to know?

Policies and Procedures

I, _____ legal parent/guardian of _____
have read and understood and agree to all the terms, conditions, policies of Playland Daycare Center, as set out in the parent handbook that is available for me to read at www.sookeplaylanddaycare.net.

I agree to abide with the center's policies regarding the following:

- Fees are to be paid in advance on the 1st of each month (unless otherwise prearranged).
- If ministry or subsidy is covering fees, you are responsible for full fees until those fees have come through.
- \$35 charge for NSF cheques
- Late fees will count starting on the 2nd and will be \$30 per day that the payment is late. If not paid in full by the 4th, care will be suspended until fees are paid in full.
- One month's written notice is required when withdrawing from the program, or one month's fees in lieu of.

Parent signature: _____ Date: _____

Permissions

I give authorization for my child _____

- To go on field trips arranged by Playland Daycare staff **Y / N**
- To transport my child using safe, inspected vehicles with booster seats, driven by qualified staff (For OSC only if your child will be entering kindergarten) **Y / N**
- To be transported by ambulance at the parents cost to the nearest medical facility with a member of Playland staff in the event of an accident/illness, understanding that all parents/guardians have been notified first if possible **Y / N**
- To have my child' photo taken for use in the center, for record keeping as well as in our closed Facebook group which is monitored by the manager **Y / N**
- To have Playland apply sunscreen if and when deemed necessary (provided by you) **Y / N**
- I accept all responsibility for payment of all accounts rendered to my family **Y / N**
- I certify that the above information contained on this form is accurate

Parent signature: _____ Date: _____

*****Please refer to the parent handbook for more details on our policies and procedures*****

This registration is not complete, nor will it hold your child's spot, if all fees and documents are not attached. Spots may be filled if incomplete registrations are handed in.

Caregiver signature: _____ Date: _____

****For Office use only****

Account number: _____ Date of registration: _____ Start date: _____
yyyy/mm/dd yyyy/mm/dd

Last day attended: _____
yyyy/mm/dd

Subsidy applied for? _____ Amount approved for: _____

Start and end date of coverage: _____
yyyy/mm/dd

PLAYLAND DAYCARE EMERGENCY CONSENT FORM

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME, FIRST NAME(S) (YYYY/MM/DD)

ADDRESS: _____

MOTHER'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

HAIR COLOUR: _____ EYE COLOUR: _____ GENDER: _____

CONSENT

- 1) It is the policy of this facility 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 call for an ambulance.
- 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. We will take this consent with us to the emergency center.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency center when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE

CAREGIVER SIGNATURE