

Portland Daycare Centre
Registration Form

ADMISSION DATE: _____ DAYS ATTENDING: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENTS/GUARDIANS NAME: _____ WORK PHONE: _____
CELL _____

HOME ADDRESS _____ HOME PHONE: _____

POSTAL CODE: _____ PLACE OF EMPLOYMENT: _____

EMAIL: _____

PARENTS/GUARDIANS NAME: _____ WORK PHONE: _____
CELL _____

HOME ADDRESS _____ HOME PHONE: _____

POSTAL CODE: _____ PLACE OF EMPLOYMENT: _____

EMAIL: _____

Child's living arrangements: _____

Parental/Guardian Consent:

Who, other than the child's parents, has permission to pick the child up from the Center?

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

NAME: _____ Relationship: _____

NAME: _____ Relationship _____



REGISTRATION FEE: There is a \$100 non- refundable registration fee to be paid at the time of registration.

Disclaimer: I understand that Portland Daycare Centre cannot guarantee that my child/children will not contract Covid-19 or any other virus while attending . The centre maintains strict health and safety policies, and cleaning regime but are unable to make any guarantees in regards to contracting viruses etc.

In order to be more efficient and create less congestion with drop off we are updating our protocols for screening and dropping off. In accordance with the directive from public health, we will no longer require

daily signatures, just a one time signature to be kept on file. Your signature is acknowledgement that you have received the covid-19 screening checklist and have screened your child/children for any symptoms. By bringing your child to Portland Daycare Centre, you are affirming they are symptom free of anything listed on the screening tool. Attendance is affirmation that you agree to abide by all protocols and policies and acknowledge that while Portland Daycare Centre is following all public health directives, we cannot guarantee your child will not contract the virus or any virus by the very nature of our business of providing quality group child care.

I have received and read the covid -19 policy along with the parent handbook and understand and agree to abide by them.

Signature: _____ Date: _____

Invoices: Invoices are issued monthly and are due the 1st of the month. We accept PAP/cheque/cash. We recommend PAP and offer bi monthly payments taken on the 1st and 15th, and a discount for using PAP. Anyone paying cash or cheque, must pay the 1st of the month or childcare will not be accepted into care. Unfortunately we have had to take this measure due to non payment.

I acknowledge that I am required to give 30 days notice prior to the 1st of the month, we do not accept midmonth notice for withdrawing or changing schedules, for example notice cannot be given on the 15th for the 15th of the following month. I am, responsible for all fees including those not covered by subsidy if proper notice is not given

I _____ authorize Portland Daycare Centre or their agent to run a credit bureau if necessary. This would only be done if trying to collect outstanding fees. Child care services may be suspended for non -payment of fees.

I understand communication is to be done in a respectful manner at all times. Serious concerns are to be discussed in the office, never in the classroom or hallways. Failure to follow this policy may result in termination of services provided. At no time will intimidation or disrespect of staff be tolerated by anyone for any reason. _____

Permission Forms

I am willing for my child _____ to go on outside expeditions with adequate adult supervision.

Signature of Parent(s) or Guardian(s)

I am willing for my child _____ to receive medical attention, and be taken to the hospital in the case of an emergency, if I/we cannot be reached.

Signature of Parent(s) or Guardian(s) _____

I am willing to allow my child _____ to be photographed participating in the programs offered by Portland Daycare Centre for the purpose of display within the classrooms, or publication in local newspapers and on the center website.

Signature of Parent(s) or Guardian(s) _____

CHILD'S HEALTH QUESTIONNAIRE*To be completed by the parent/guardian (s)*

Name of Child: _____ Date completed: _____

Provincial Health Card Number: _____ Expiry Date: _____

In Case of Emergency: This must be someone who can come quickly and is easily reached

Adult to contact if you cannot be reached:

Name: _____ Relationship: _____

Phone (W): _____ (H): _____ (Cell): _____

Physician and/or clinic

Name: _____ Phone: _____

Address: _____

IMMUNIZATION RECORD - Please provide dates D/M/Y	
DPTP-Diphtheria, Pertussis (Whipping Cough) Tetanus (Lockjaw), Polio & Hib	MMR - Measles (red), Mumps, Rubella (German Measles)
1 st (2mo) day ____ month ____ year	1 st (12-15 mo) day ____ month ____ year
2 nd (4 mo) day ____ month ____ year	2 nd (5 yr) day ____ month ____ year
3 rd (6 mo) day ____ month ____ year	OTHER (optional)
4 th (18 mo) day ____ month ____ year	Varicella: (Chicken Pox Vaccine) day ____ month ____ year
DPTP (booster) 4-6 yr day ____ month ____ year	Hepatitis "B" 3 Doses 1 st day ____ month ____ year 2 nd day ____ month ____ year 3 rd day ____ month ____ year

Dentist and/or clinic

Name: _____ Phone: _____

Address: _____

Background Information

Please list the other children in the household. First name (last name if different)

1. _____ Age _____ 3. _____ Age _____
 2. _____ Age _____ 4. _____ Age _____

Language (s) spoken at home:

Has your child been in a child care arrangement before? Yes _____ No _____

If so please describe the child’s experience:

Health and Developmental History

Describe any difficulties or serious illnesses at birth, if any:

Describe your child’s general health (e.g. recurrent colds, ear infections, stomach-aches, etc.):

Has your child been for any development assessments, or had any outside involvement from other professionals i.e. IWK, early intervention etc.

Are there presently any serious medical problems? Yes _____ No _____

If your child is taking any medication? Please list all medications

Name of Medication	Dosage	Condition being treated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been to a dentist? Yes _____ No _____

Does your child have any dental problems:

Describe how your child communicates:

How would you describe your child's emotional, physical and social growth, and development to this point:

Describe your child's diet (include types of food and fluids he/she is now taking):

Fluids/Beverages:

Food:

Food Allergies:

Does your child have any allergies to foods, medications or contact allergies? Yes ____ No ____

If yes, please list:

Is the allergy severe enough to require medications or emergency treatment: Yes ____ No ____

If yes, describe and detail any medications required:

Has your child eaten peanut butter at home? Yes ____ No ____
Diet restrictions (cultural, religious):

Describe any particular concerns you have about your child's diet and/or eating habits:

Describe your child's sleeping habits and routine:

How frequently does your child have a bowel movement:

How far has your child progressed in toilet learning, if applicable:

Behavior Patterns and Habits

Describe your child's behavior and habits (e.g. temperament, energy level):

Describe an ordinary day in your child's life, from getting up in the morning to going to bed, including the times for naps, meals and play, interests, activities, etc.

Morning:

Afternoon:

Evening:

Describe your child's particular attachments (e.g. toy, blanket, pet, person) and any particular habits (e.g. thumb-sucking, rocking):

Describe any particular fears your child has shown (e.g. to animals, loud noises, strangers):

Describe how your child reacts to stressful situations (e.g. cries, withdraws, has tantrums, nightmares):

How does your child usually react to new situations?

We would appreciate your views on guiding your child's behavior and setting limits:

Is there anything else that you would like to tell us about your child to help us to provide good care?

In situations where needs appear greater than we anticipated, or can be managed within normal class ratios with reasonable steps and efforts made, we would request meeting with parents/caregivers and failing a manageable solution, help plan an exit strategy.

Adapted from: Well Beings, A Guide to Promote the Physical Health, Safety and Emotional Well-Being of children in child Care Centre and Family Day Care Homes - Second Edition (A project of the Canadian Pediatric Society)

Parent/Guardian's Signature: _____

Parent Handbook and Behavior Policy Agreement

<p>I have read Portland Daycare Centre's Parent Handbook concerning the policies and procedures of the Early Childhood Programs of Portland Daycare Centre.</p> <p>I understand and agree to abide by these policies and procedures</p>	
<p>Signatures</p>	
<p>Parent(s): _____</p>	<p>Date: _____</p>
<p>Director: _____</p>	<p>Date: _____</p>
<p>I have been informed on the Behavior Guidance Policy of Portland Daycare Centre and have had the opportunity to ask questions relating to the policy.</p>	
<p>Parent(s): _____</p>	<p>Date: _____</p>

To be completed upon termination of registration:

Date of Withdrawal:

Reason for Withdrawal:

How did you hear about us? Friend _____
 Kijiji _____
 Yellow Pages _____
 Internet _____
 Other _____