



ST. JOSEPH'S EARLY LEARNING AND CHILD CARE CENTRE

757 Burnside Rd. West, Victoria BC
V8Z 1M9

PH: (250) 479-1237

EMAIL: sjvelc@cisdv.bc.ca

REGISTRATION FORM

****50.00 Registration Fee can be sent to sjv@cisdv.bc.ca****

What program are you registering for?

Daycare: _____ Drop-off time needed: _____ Pick-up time needed: _____
Ages 3-5 years old. Fulltime only available.

Preschool: (3-5 years old): T/Th _____ M/W/F _____ M/T/W/Th/F _____

Before School Care (K-Grd 7) 7:30 – 8:30am (M-F only): _____

After School Care (K – Grd 7) 2:40 – 6:00pm (M-F only): _____
(Includes early dismissal days)

Before and After School Care (K-Grd 7) (M-F only): _____

Child's Name: _____ Gender: _____
First/Middle/Last

Date of Birth: ____/____/____ Name child responds to: _____
Day/Month/Year

Street Address: _____

Email Address: _____

Person(s) with whom the child lives: _____

Other children living at home: _____

Primary language spoken at home: _____ Second Language: _____

Start Date: _____ End Date: _____

Office Use Only

Father's Information:

Name: _____

Address: _____

Occupation: _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email: _____

Please print clearly

Mother's Information:

Name: _____

Address: _____

Occupation: _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email: _____

Please print clearly

Catholic: _____ **Parish:** _____ **Non-Catholic:** _____

Parish Supporter: (Yes) _____ (No): _____

Authorization for Pick-Up:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Signature for consent to release a child to someone other than a parent:

Is there anyone who is not permitted to pick up under any circumstances?

If it is a parent, with limited or restricted guardianship, we require Court Documents for our records.

Name: _____

Name: _____

Alternate Emergency Contacts (MUST provide two other than parents):

Name: _____ Relationship: _____

Address: _____

Phone (Home) _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

Phone (Home) _____ Work: _____ Cell: _____

Health Information:

Illness(es) that the child has had: _____

Is your child able to participate in all areas of the program? Yes _____ No _____

Does your child have any physical restrictions? Yes _____ No _____

Does the child:

Have vision problems? Y _____ N _____ Have hearing problems? Y _____ N _____

Have speech/language? Y _____ N _____ Takes medication? Y _____ N _____

Require a special diet? Y _____ N _____ Have allergies? Y _____ N _____

Have any other health concerns? Y _____ N _____

Specify and comment on items checked Y above: _____

Does your child require medication on a regular basis? _____

Are there any behaviour concerns? _____

Have they attended daycare/preschool/before and/or after school care previously?

Is there anything else you would like us to know about your child?

Emergency Health Information:

Doctor or Walk-In Clinic Used: _____

Phone: _____

Address: _____

Care Card Number: _____

(This information is a licensing requirement)

Information to readily identify your child in case of an emergency:

Hair Colour: _____

Eye Colour: _____

Weight: _____

Height: _____

Other identifying features: _____

****Please attach a photo of your child (or email a digital photo to sjvelc@cisdv.bc.ca). This must be received before registration is considered complete****

Emergency Consent:

It is the policy of St. Joseph's Early Learning Centre and Child Care 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. Please sign below so that we can take appropriate action on behalf of your child.

I hereby give permission for the staff of St. Joseph's Early Learning Centre and Child Care to call an ambulance and (if required) have the ambulance transport my child _____ to the nearest hospital if deemed necessary. I understand that a staff member will accompany (or meet) my child at the hospital and that this staff member will stay with my child until myself or another family member arrives.

By signing, I also acknowledge that I will be billed for and by the British Columbia Ambulance Services for any services they provide.

Parent/Guardian

Signature

EMERGENCY – PERMISSION CARD

Child's Name: _____ **Birthdate:** _____
(Last Name, First Name) (year/month/day)

Address: _____

Mother's Name: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Father's Name: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Emerg Contact: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Child's Doctor: _____ **Phone:** _____

Personal Health Number: _____

Allergies/Medications: _____

Child's Dentist: _____ **Phone:** _____

Date of Most Recent Tetanus Shot: _____

PERMISSION FORM

1. It is our policy of St. Joseph's Early Learning and Child Care Centre that we notify a parent when a child is ill or we need to get immediate 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 appropriate action on behalf of your child. We will take this signed consent with us when we accompany your child.
2. I hereby give my consent for the staff off St. Joseph's Early Learning Centre and Child Care to call an ambulance and (if required) have the ambulance transport my child _____ to the nearest hospital if deemed necessary. I understand that a staff member will accompany (or meet) my child at the hospital and that this staff member will stay with my child until myself or another family member arrives.
3. By signing, I also acknowledge that I will be billed for and by the British Columbia Ambulance Services for any services they provide.

Parent/Guardian: _____ Signature: _____

Field Trip and General Release Waiver:

I hereby give permission for my child: _____
to be taken out of St. Joseph's Early Learning and Child Care Centre for field trips that are within walking distance as part of our child care program. Children will be supervised at all times by the St. Joseph's Early Learning Centre and Child Care staff. I understand that an additional permission form is required and will be sent out for all other field trips that are not within walking distance. All mandatory safety precautions will be in accordance with the Provincial Child Care Regulations.

I, for myself, my heirs and estate executors, release **The Bishop of Victoria Corporation Sole**, Island Catholic Schools, and its respective servants, agents or employees from any claims, demands, damages, or actions arising out of or in consequence of any loss, injury to my son/daughter, or property.

Signature: _____ Date: _____
Parent or Guardian

Sunscreen Permission:

I _____ (Parent/Guardian Name) give my consent to have the staff of St. Joseph's Early Learning Centre and Child Care to apply sunscreen to (Child's Name): _____
When required. I also agree to do the following:

- To supply sunscreen to be used on my child when they begin attending St. Joseph's Early Learning Centre and Child Care
- To leave sunscreen at the centre to be used as needed on my child
- To "re-stock" the sun screen supply for my child when it is requested by St. Joseph's Early Learning Centre and Child Care staff
- Families are responsible for sun screening in the morning and staff will re-apply in the afternoon.

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Date Received: _____

Registration fee paid (\$50.00 per family): _____

Immunizations – either attach a photocopy of the immunization record, or indicate dates that immunization was received on the attached form. If your child has not been immunized, we will require a signed and dated letter stating that your child(ren) has not been immunized. This letter will be kept in your child’s file.

1st Visit – 2 Months of Age:

Diphtheria _____
Pertussis _____
Tetanus _____
Polio _____
Haemophilus Influenzae Type B (Hib) _____
Pneumococcal Conjugate _____
Meningococcal C Conjugate _____

2nd Visit – 2 Months After 1st Visit:

Diphtheria _____
Pertussis _____
Tetanus _____
Polio _____
Haemophilus Influenzae Type B (Hib) _____
Pneumococcal Conjugate _____
Hepatitis B _____

3rd Visit – 2 Months After 2nd Visit:

Diphtheria _____
Pertussis _____
Tetanus _____
Polio _____
Haemophilus Influenzae Type B (Hib) _____
Pneumococcal Conjugate _____
Hepatitis B _____

4th Visit – 12 Months of Age:

Measles _____
Mumps _____
Rubella _____
Meningococcal C Conjugate _____
Varicella (chicken pox) _____

5th Visit – 12 Months After 3rd Visit:

Diphtheria _____
Pertussis _____
Tetanus _____
Polio _____
Haemophilus Influenzae Type B (Hib) _____
Pneumococcal Conjugate _____
Measles, Mumps, Rubella _____

4-6 Years of Age:

Diphtheria _____
Pertussis _____
Tetanus _____
Polio _____
Varicella (chicken pox) _____

Other Immunizations:

**St. Joseph's Early Learning and Child Care Centre
Family – Centre Agreement**

Please read the St. Joseph's Early Learning and Child Care Centre Parent Handbook carefully before signing this agreement.

I (please print) _____, parent/guardian of
_____ (child's name), have been provided with a
copy of the St. Joseph's Early Learning Centre and Child Care Parent Handbook and
have read, understood and agree to the policies and procedures contained within it.
Should our policies change St. Joseph's Early Learning and Child Care Centre will
notify you of such changes. Strict adherence to our policies is for the health and
safety of your child as well as the other children and staff in our programs. Failure
to follow our policies may result in termination from St. Joseph's Early Learning and
Child Care Centre (including the Daycare, Preschool, Before and After School Care
programs). I understand that I can discuss the care of my child, or any other
aspect thereof, and I may do so at any time with the teachers and management.

Dated this: _____ Of _____ 20_____

Name: _____

Signature: _____

Director's Signature: _____

Date: _____

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Photograph Authorization

I, _____, parent or guardian, consent that picture of
my child(ren), _____

May be used for:

- SJVELC newsletters and bulletin boards
- SJVELC group emails to distribute pictures
- SJVELC publications, promotional material, community projects
- SJVELC Facebook page (invite only page)
- SJVELC Pedagogical narrations and other daycare and preschool projects
(only shared within the daycare and preschool)

Yes: _____ No: _____

Parent/Guardian Signature: _____

Date: _____