



## Registration Package Form

The \$50.00 registration fee is due every September to hold a child's space in care.

Child's Name:

Age:

School:

Start Date:

Please Check if you are eligible for child care subsidy

Please check below what care is required:

TYPE OF CARE	RATES
<input type="checkbox"/> Before and After School Care	\$468/month
<input type="checkbox"/> Before School Care Only	\$172/month
<input type="checkbox"/> After School Care Only	\$375/month

I, by signing below, consent that all information within this registration package is correct and I have read and understand all policies and procedures of Pacificheart Childcare Ltd. I am responsible for the full cost of care. Please see attached Pacificheart Childcare Ltd.'s Policies on withdrawal of program and rates.

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NAME (PRINTED)

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DATE

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SIGNATURE





# CHILD CARE REGISTRATION FORM

(Include a photo of child)

## FACILITY

Name of Facility:

Date of Enrollment:

## CHILD

Name of Child:

SURNAME

GIVEN

MIDDLE NAME

Name Child Responds To:

Gender:

Address:

Date of Birth:

First Day of Attendance:

End Date:

## PARENT/GUARDIAN

Name:

Place of Work:

Phone:

Local:

Home Address:

Phone:

Hours of Work:

Postal Code:

E-mail Address:

Name:

Place of Work:

Phone:

Local:

Home Address:

Phone:

Hours of Work:

Postal Code:

E-mail Address:

## MEDICAL INFORMATION

Family Doctor:

Phone:

Medical Insurance Plan Number:

Date Effective:

## ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

## PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

Name:

Phone:

Name:

Phone:

## PERSONS NOT PERMITTED ACCESS TO CHILD

Name:

Phone:

Name:

Phone:

Are there custody orders?  Yes  No

If Yes, Attach documentation

## NAMES OF OTHER CHILDREN LIVING AT HOME

Name:

Date of Birth:

Name:

Date of Birth:

Has child had previous experience away from home? (Day Care, Preschool, Sunday School, etc.)  Yes  No

If Yes, Explain:

Where?

Date of Attendance:

Do you think your child feels comfortable leaving parents?  Yes  No

Explain:

Does this child have any known health problems/medical disabilities?  Yes  No

If Yes, Attach documentation

List any communicable diseases child has had:

Has he/she had any recent illness?  Yes  No

If Yes, Explain:

Any allergies?  Yes  No If Yes, Please List:

**IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTIONS**

What is the child's eating habit?

Favourite Foods:

Strong Dislikes:

### BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN

(Attach Immunization Record - or Record the dates)

First Visit - Two months of Age:

**Diphtheria**  
**Pertussis**  
**Tetanus**  
**Polio**  
**Haemophilus Influenza Type B (hib)**  
**Hepatitis B**  
**Pneumococcal Conjugate**  
**Meningococcal C Conjugate**

Second Visit - Two months after first visit:

**Diphtheria**  
**Pertussis**  
**Tetanus**  
**Polio**  
**Haemophilus Influenza Type B (hib)**  
**Hepatitis B**  
**Pneumococcal Conjugate**

Third Visit - two months after second visit:

**Diphtheria**  
**Pertussis**  
**Tetanus**  
**Polio**  
**Haemophilus Influenza Type B (hib)**  
**Hepatitis B**  
**Pneumococcal Conjugate**

Fourth Visit - 12 months of age:

**Measles**  
**Mumps**  
**Rubella**  
**Meningococcal C Conjugate**  
**Varicella (Chicken Pox)**

Fifth Visit - 12 months after third visit:

**Diphtheria**  
**Pertussis**  
**Tetanus**  
**Polio**  
**Haemophilus Influenza Type B (hib)**  
**Measles, Mumps, Rubella**  
**Pneumococcal Conjugate**

4 to 6 years of age:

**Diphtheria**  
**Pertussis**  
**Tetanus**  
**Polio**  
**Varicella (Chicken Pox)**

Other Immunizations:

### 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

\_\_\_\_\_  
CAREGIVER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE





**PACIFIC HEART**  
CHILDCARE  
2022 SCHOOL YEAR

## BUS FORM

A monthly bus fee is charged for transportation for **KELSET Elementary**.

Please check below to register for bus transportation.

TRANSPORTATION	RATE
<input type="radio"/> AM Care - School Drop Off	\$ 21.00
<input type="radio"/> PM Care - School pick up	\$ 21.00
<input type="radio"/> AM & PM Care - School drop off & pick up	\$ 31.00

Transportation for out trips is provided in the cost of care. Children registered only in Pro-D Day, Spring Break, Summer Break or Christmas Break camps are not required to pay a bus transportation fee as pick up and drop off is done by parents.

I, \_\_\_\_\_, understand that the cost for bus transportation will be invoiced monthly as an additional charge. There is a 4 week written notice required to opt out of bus transportation and by signing below understand that until then I am responsible for the full cost as checked above.

SIGNED

DATED

