

# Community Care Facilities Licensing Registration Form for Child Care



FACILITY NAME				
FULL NAME OF CHILD			USUAL NAME OF CHILD (if different)	
<b>PERSONAL INFORMATION</b>				
CHILD'S DATE OF BIRTH		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		STARTING DATE
ADDRESS			FACILITY USE ONLY WITHDRAWAL DATE	
POSTAL CODE		TELEPHONE (    )		
PARENT OR GUARDIAN			PARENT OR GUARDIAN	
ADDRESS (if different from above)			ADDRESS (if different from above)	
TELEPHONE (    )			TELEPHONE (    )	
WORK ADDRESS / ALTERNATE LOCATION			WORK ADDRESS / ALTERNATE LOCATION	
TELEPHONE (Include Local / Extension) (    )			TELEPHONE (Include Local / Extension) (    )	
CELL PHONE / PAGER (    )			CELL PHONE / PAGER (    )	
HOURS AT THIS LOCATION			HOURS AT THIS LOCATION	
<b>EMERGENCY HEALTH INFORMATION</b>				
CARE CARD NUMBER				
FAMILY DOCTOR / CLINIC NAME			DOCTOR / CLINIC TELEPHONE (    )	
<b>CONSENT FOR EMERGENCY CARE</b>				
I authorize the staff at the child care centre to call a medical practitioner or ambulance / transport child to emergency medical care, in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ALTERNATE PERSONS(S) AUTHORIZED TO PICK UP CHILD.</b> Check all that apply (other than parent/guardian listed above, include emergency pickup)				
<b>Name</b>	<b>Relationship</b>	<b>Telephone</b>	<b>Authorized to Pickup</b>	<b>Authorized to Call in an Emergency</b>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONS(S) WHO ARE NOT PERMITTED ACCESS TO MY CHILD</b>				
<b>Name</b>	<b>Relationship</b>	<b>Telephone</b>		

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## ADDITIONAL INFORMATION ABOUT YOUR CHILD (OPTIONAL)

### GROUP EXPERIENCES

WHAT IS/ARE YOUR CHILD'S FAVOURITE TOY(S) / ACTIVITIES

HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCE?

Yes  No  IF YES, HOW DID HE/SHE ADAPT?

HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN? (E.G. SEEKS OTHERS OUT, FEELS SHY)

### EMOTIONAL

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE

WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM EASIER?

### FAMILY AND GENERAL HOUSEHOLD INFORMATION

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (E.G. SIBLINGS, GRANDPARENTS, ETC.)

PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME.

PRIMARY LANGUAGE SPOKEN IN THE HOME

OTHER LANGUAGES

NAME OF ENGLISH SPEAKING PERSON (IFF NEEDED)

TELEPHONE

### EATING AND NUTRITION

LIST YOUR CHILD'S FAVOURITE FOOD

LIST ANY DISLIKED FOOD

PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS

ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOODS?

### SLEEPING

NAP TIME

HOW LONG TO SETTLE

TIME OF WAKING

BEDTIME

HOW LONG TO SETTLE

TIME OF WAKING

DOES YOUR CHILD TAKE A FAVOURITE COMFORTER (E.G. BLANKET OR TOY) TO BED?

Yes  No  IF YES, DESCRIBE AND TELL US IF IT IS 'NAMED'.

WHAT IS YOUR CHILD'S MOOD UPON WAKENING?

### TOILETING

IS YOUR CHILD TOILET TRAINED?

Yes  No  PARTIALLY

PLEASE INDICATE YOUR CHILD'S FREQUENCY OR PATTERNS FOR BOWEL MOVEMENTS

DESCRIBE ASSISTANCE NEEDED FOR TOILETING

WHAT "SPECIAL" WORD DOES YOUR CHILD USE FOR?

URINATION:

BOWEL MOVEMENTS

# Community Care Facilities Licensing Medical Administration Consent



CHILD'S NAME	
MEDICATION	PRESCRIPTION # (if applicable)
DOSAGE OF MEDICATION	HAS THE CHILD TAKEN MEDICATION BEFORE? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
TIMES OR SYMPTOMS FOR WHEN MEDICATION IS TO BE GIVEN BY CARE PROVIDER	
ANY POSSIBLE SIDE EFFECTS THAT YOU HAVE BEEN MADE AWARE OF BY THE PHYSICIAN OR PHARMACY?	
<p>I authorize the administration of the above medication, in the dosage and frequency stated above to my child. This dosage is consistent with the recommendations of the Physician and/or drug manufacturer. I accept the responsibility of supplying the <b>correct medication in its original container</b>. I will submit a new consent form if there are any changes to this medication, the dosage or the frequency of administration.</p>	
_____ Signature of Parent/Guardian	_____ Date
_____ Telephone	

<b>ADMINISTRATION RECORD</b> <i>(completed by the caregiver administering the medication)</i>			
Date <i>(dd/mm/yyyy)</i>	Time Given <i>(hr / min)</i>	Dosage Administered	Administered by <i>(signature)</i>

# Community Care Facilities Licensing Child Immunization Status Declaration



Community Care Facilities (that are licensed to provide care to children are required to have a copy of the Immunization Status on file for each child in care, in the event that an outbreak of a communicable disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized.

This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist licensees in meeting Section 57(2)(a) of the *Child Care Licensing Regulation*.

## To be completed by Parent/Guardian:

\_\_\_\_\_

Child's Name Date of Birth

## Complete Immunization:

- Record on vaccinations attached
- Record on vaccinations unavailable

Received immunization in:

\_\_\_\_\_

Year of last Vaccine City Province (if not in Canada, include Country)

## Incomplete Immunization:

- My child has had some vaccinations
- My child has no vaccinations
- I do not know

\_\_\_\_\_

Parent's/Guardian's Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's/Guardian's Signatures



# EMERGENCY CONSENT CARD

# CONSENT FORM

Name of Facility \_\_\_\_\_

Birthdate: \_\_\_\_\_  
Year / Month / Day

Gender of Child:  Male  Female

Child lives with: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted

2. I give consent for my child to receive medical treatment

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Picture  
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

# CONSENT FORM

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4. I give consent for my child to receive medical treatment

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Picture  
of Child

Child's Name: \_\_\_\_\_  
Surname First Name(s)

Address: \_\_\_\_\_

1. Parent's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2. Parent's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

1. Allergies \_\_\_\_\_

2. Medications \_\_\_\_\_

Care Card #: \_\_\_\_\_

252700 | AUG 2019



# EMERGENCY CONSENT CARD

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Birthdate: \_\_\_\_\_  
Year / Month / Day

Gender of Child:  Male  Female

Child lives with: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

1. Allergies \_\_\_\_\_

2. Medications \_\_\_\_\_

Care Card #: \_\_\_\_\_

252700 | AUG 2019

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# Academic Montessori School Ltd.

529 Queens Ave., New Westminster, BC V3L 3X2 778-387-8808  
Website: <https://www.anacademicmontessorischool.com>  
Email: [Academicmontessorischool@gmail.com](mailto:Academicmontessorischool@gmail.com)

## PERMISSION FORMS

Throughout the year, we may go on neighborhood walks or up to the park.

NOTE: As walks are not scheduled ahead of time.

Please make sure your child is wearing appropriate clothing for the weather conditions and adequate sunscreen whenever necessary.

I, hereby give permission for my child, \_\_\_\_\_, to go on local walks to visit the park, different playgrounds and community places. I understand that my child will be accompanied and supervised at all time by staff member of A&N academic Montessori School Ltd.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I, hereby give permission for my child, \_\_\_\_\_, to have sunscreen provided by parent applied to my child.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I, hereby give permission for my child, \_\_\_\_\_, to have diaper cream provided by parent applied to my child.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO/VIDEO PERMISSION

Throughout the year we may take photos or videos of our students, at work, playing, on field trips and at other special events. The photographs are collected for the children's binders and in good taste shared on our website and Centre's Facebook page. Once developed or shared, the staff and children will have the opportunity to share these with you. We would like to request your prior consent for the aforementioned purposes.

I, give the staff permission to take photos and videos of my child \_\_\_\_\_ for the above purposes.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### Family/Centre Agreement

I, \_\_\_\_\_, have accurately completed all forms as required, have read, understood and agree to abide by policies and procedures as stated on website.

\_\_\_\_\_  
Signature of enrolling parent \_\_\_\_\_ Centre of staff signature  
\_\_\_\_\_  
Date

Please also download below an emergency card and bring with you as part of the package

<https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Child-care/Emergency-Consent-Card---August-2019.pdf?rev=0929060b8e874066b7e66584689b06b8>



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## Child Pick Up Authorization

I, \_\_\_\_\_ (parent/Guardian) hereby authorize only the following people to pick up my child, \_\_\_\_\_ from a staff member of A&N Academic Montessori School Ltd.

*I understand that my child will not be released to any person(s) not listed here without my express permission given in a written consent specifying their name and relationship to my child and for each occasion the child is to be released to someone not listed hereafter. Any person(s) unknown to the staff of A&N will also be asked to present identification.*

Please begin the list with your own name and phone number:

Name	Relationship	Day phone number

## Emergency Form

\_\_\_\_\_  
Primary Caregiver's name

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Place of employment

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Primary Caregiver's name

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Place of employment

\_\_\_\_\_  
Phone number

## Alternate Emergency Contact

\_\_\_\_\_  
Name of contact

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name of contact

\_\_\_\_\_  
Phone number

## Doctors Information

\_\_\_\_\_  
Name of contact

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Care Card Number

\_\_\_\_\_  
Date of Coverage

\_\_\_\_\_  
Diagnosed Allergies

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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School what so ever, without the express written consent of A&N Academic Montessori School Ltd. I/We recognize that a breach by me/us of this term of the Agreement may result in damages to A&N Academic Montessori School Ltd could not adequately be compensated for such damages by monetary award, therefore, I/we agree that, in such event, A&N Academic Montessori School Ltd shall be entitled as a matter of right to apply to a court of competent equitable jurisdiction for such relief by way of restraining order, injunction decree, or otherwise, and I/We agree further that the terms of this Paragraph 10 are necessary and fundamental to the protection of the business of A&N Academic Montessori School Ltd and are reasonable and valid and all defenses to the strict enforcement thereof by A&N Academic Montessori School Ltd are hereby waived by me/us. I/We will indemnify A&N Academic Montessori School Ltd from any and all loss, costs, damages, liabilities, actions, claims, debts, demands, and expenses (including, but not limited to solicitors' fees and disbursements on an increased basis) due to A&N Academic Montessori School Ltd having to enforce its rights pursuant to Paragraph 9 of this Agreement.

10 If there are more than one undersigned, this Agreement will bind the undersigned jointly and severally.

11 If any one or more of the provisions contained in this Agreement should be invalid, illegal, or unenforceable in any respect in any jurisdiction, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby.

12 No waiver by any Party of any breach of any condition, covenant or agreement hereof shall constitute a waiver of any other condition, covenant, or agreement.

13 This Agreement shall ensure to the benefit of and be binding upon the Parties here to and their respective heirs, executors, administrators, personal legal representatives, successors and assigns.

14 I/We shall execute such further assurances and other documents and instruments and do such further and other things as may be necessary to implement and carry out the intent of the agreement.

15 Any notice required to be given hereunder or any party shall be deemed to have been well and sufficiently given if delivered by hand or by courier at the address of the other party hereinafter set forth:

If to A&N Academic Montessori School's Ltd: 529 Queens Avenue  
New Westminster, BC  
V3L 1K2

**If to the undersigned:** The address' as set forth on Page 2 of this Agreement or at such other address' as any of the respective parties may from time to time direct in writing.

16 I/We acknowledge having received a copy of this duly executed Agreement.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

A&N Academic Montessori School Ltd  
By its Authorized Signatory

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Parent(s) or guardian(s) signature: \_\_\_\_\_

(for dual parent families, the School requires both parents' signatures)





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## Parent Agreement

I/We the undersigned ("Parents" or Guardians") agree with A&N Academic Montessori School Ltd to the following terms and conditions:

1 I/We enroll \_\_\_\_\_ ("The Child") at A&N Academic Montessori School Ltd ("The School") operated by A&N for the \_\_\_\_\_ school year and to fully abide by all policies and procedures as determined by A&N Academic Montessori School Ltd and, without limiting the generality of the foregoing, as stated in the information pamphlet for families (which I/We acknowledge having received from A&N Academic Montessori School Ltd on the website [www.anacademicmontessorischool.com](http://www.anacademicmontessorischool.com), parents page-password is newwestminster) and such modifications and additions provided to me/us in writing by A&N Academic Montessori School Ltd.

2 I/We understand that the services are provided on a yearly basis and therefore any monthly payments made by me/us on account of such fees are installments  
As well, I/We will execute, and provide to the School, post-dated cheques according to the following payment plan indicated by the initials of the Parents/Guardians, below

A. \_\_\_\_\_ FEE - \_\_\_\_\_ CCFRI = \_\_\_\_\_ Per Monthly

I/We will issue to A&N Academic Montessori School Ltd a cheque dated no later than \_\_\_\_\_ in the amount of \$50 as a non-refundable deposit ("The Deposit"). I/We understand that the deposit will not be returned to us. I/We will issue post-dated cheques for the remaining yearly tuition, on the 1<sup>st</sup> day of each month inclusive for \_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_ (with one-month written notice all cheques will be returned to parent).

Cheques are payable to **A&N Academic Montessori School Ltd**. E-transfers monthly require first and last month payments.

3 I/We will give notice, in writing, one (1) full calendar month in advance of withdrawal of the Child, failing which I/we forfeit the The month's payment and then all cheques will be returned. Any such forfeiture of monies is on account of liquidated damages suffered by A&N Academic Montessori School Ltd and is not a penalty. If the Child is enrolled in our program the Child will be expected to continue until the end of the program in which the Child is registered.

4 I/We will, each day of school operation that the Child attends, deliver the Child directly to a staff member of the School and not take the Child from the School under any circumstances without notifying a staff member of the School before doing so.

5 I/We will notify A&N Academic Montessori School Ltd in writing and in advance, if any person other than one of the undersigned is picking up the Child. I/We understand the Child will not be released to anyone, other than the undersigned, without written permission. If there is more than one undersigned A&N Academic Montessori School Ltd may release the Child to any of the undersigned.

6 I/We understand that absences of any kind, including without limiting the generality of the foregoing, due to illness, holidays (statutory or otherwise) or closure due to circumstances beyond the Centre's control (including weather, earthquakes, interruptions in power supplies, strikes, lockout, road closures, staff shortages, etc.) do not exempt me/us from payment of the full monthly tuition fee as set forth herein. I will notify the Centre of my child's absence by email.

7 I/We will keep the Child home from the program if there is any question of serious and/or infectious illness, and will notify A&N Academic Montessori School Ltd immediately about the nature of the illness is diagnosed.

8 In the case of an accident or illness, I/we authorize A&N Academic Montessori School Ltd to have a physician and/or ambulance attend to the Child as may appear necessary at the discretion of A&N Academic Montessori School Ltd.

9 I/We hereby acknowledge and expressly agree that, the school premises and grounds are private property under the sole control of A&N Academic Montessori School Ltd and that the enrollment of the Child in the School is a privilege granted solely by A&N Academic Montessori School Ltd and, therefore, A&N Academic Montessori School Ltd reserve the right to request the withdrawal of the Child, if A&N Academic Montessori School Ltd in its sole discretion, deems it necessary, subject to the laws of the Province of British Columbia and the laws of Canada. Upon notice of request to withdraw, the Child and Parent/Guardian(s) will make no further attendance at the