

HERE WE GROW EARLY LEARNING CENTRE LTD

Kelowna, BC – 250-764-8934

Entry Date _____ (yyyy/mm/dd)

Withdrawal Date _____ (yyyy/mm/dd)

Child's Name _____

Birthdate _____ (yyyy/mm/dd) Gender M F

Mother's Name _____

Home Phone () _____ Cell Phone () _____

Mother's Work/School _____

Work/School Phone () _____ ext _____

Home Address _____

_____ Postal Code _____

Father's Name _____

Home Phone () _____ Cell Phone () _____

Father's Work/School _____

Work/School Phone () _____ ext _____

Home Address _____

_____ Postal Code _____

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Family Doctor (or Walk-In clinic most frequented)

Phone () _____ Care card # _____

Health Concerns:

Allergies _____ Epi pen Y N

Asthma _____ Puffers Y N

Is your child on any medications? Y N (If yes, please list and explain)

Is your child immunized? Y N Partial

(If yes, please attach a copy of any immunizations that have been received.)

Does your child suffer from any other health concerns? (Please explain)

Does your child have behavioural or emotional concerns? (Please explain)

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Is there a custody agreement for your child? Y N
(If yes, please attach a copy)

Does your child have any Dietary Concerns
(i.e. Vegetarian, dairy intolerance, gluten free diet etc...)

A Physical Description of your child: On this date _____ (yyyy/mm/dd)

Height _____ Weight _____ Hair Color _____

Glasses _____ Orthodontics _____ Eye Color _____

Birthmarks or distinguishing features _____

Emergency Pick up People

(These people are permitted to pick your child/ren up at the daycare with or without your consent. These are the people we will contact for pick-up if you cannot be reached. (i.e. Illness, late pick-up, emergency.) We will contact them in the order in which they are listed. Please be thorough when placing people on the list as you CANNOT phone in pick-up people. They must have WRITTEN consent)

1. Name _____ Home phone () _____

Work phone () _____ Cell phone () _____

Address _____

2. Name _____ Home phone () _____

Work phone () _____ Cell phone () _____

Address _____

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3. Name _____ Home phone () _____

Work phone () _____ Cell phone () _____

Address _____

(You MUST have at least 2 emergency pick-up people)

It is understood that your child will only be released to those noted in the above authorization; however, there may be adults who specifically are not permitted access to your child. Is there anyone we need to be alerted of should they attempt to gain access to your child on or off of the daycare property?

1. _____

2. _____

3. _____

Any additional comments _____

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Initial

- _____ I agree to leave 6 months of post-dated cheques for my monthly fees.
- _____ I agree that if my fees are not paid by the 10th of the month, that I will not bring my child until the matter has been cleared up.
- _____ I will be dropping my child off at _____ am and picking up by _____ pm
(We staff our centre based on these times)
- _____ I understand a late fee of \$1/minute will be charged after the centre closes. This is paid directly to the staff by the close of the next business day.
- _____ I understand that any signs or disclosure of abuse will be reported.
- _____ In the event of absenteeism due to illness, vacation etc., I understand that I am still responsible for the full amount of my monthly fees.
- _____ I understand that the monthly fees have taken into account statutory holidays and that the monthly fee will not change.
- _____ I understand that the authorities will be notified if you or someone appointed by you picks up the child and we consider the circumstance to be unsafe. (Ie. No or inappropriate car seat, drugs or alcohol)
- _____ I will not send my child if they are contagious with a communicable illness. I will phone the centre if they are not attending that day.
- _____ I give permission for my child's picture to be taken and displayed within the centre.
- _____ I give permission for my child to participate in all parts of the program. I understand that it is my responsibility to be informed about what is happening (field trips, special calendar days) and to notify the caregivers if I do not want my child to participate.
- _____ I understand that caregivers will not administer ANY medication that is not prescribed by a doctor. (This includes, pain and fever and cold medications)
- _____ I understand that I must call the centre if my child is going to be arriving after 10am. My child must be at the daycare by 12pm. If there are special events planned for that day...it is my responsibility to make sure that I am aware of them and the time that they are occurring. If arrangements have not been made for late drop-off, I understand that my space may not be available.

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_____ In case of accident or illness I authorize the caregivers to contact emergency personnel. I accept any costs incurred by the daycare. (ie. Ambulance fees)

_____ It is the responsibility of the caregiver and the parent to let each other know if the child care arrangement seems unhappy or the arrangement is unsatisfactory for some reason. Either party can terminate this contract during the adjustment period of 2 weeks. After this trial period, termination of services requires 30 days written notice that must be given on the 1st day of the month. (Any days used during the trial period will be billed at the drop in rate. A refund will be given for the remaining days in that month. NO refund will be given after the 2-week trial period)

_____ I understand that the above topics are the main points in the parent manual and that it is my responsibility to have read the parent manual and comply with all that it entails. I understand that these policies are put in place for the health and safety of all involved.

Please send **2** recent photographs of your children along with your registration.

Parent/ Guardian Signature

Date

Rachel Kornelson

Date

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I _____ am giving

(parent's name)

Here We Grow Early Learning Centre permission for my child

(child's name)

to attend all spontaneous and scheduled field trips (either by city bus or walking). I understand that it is my responsibility to notify the daycare in writing if I do not wish for my child to participate in any planned field trips.

Parent/ Guardian Signature

Date