



Roots of Life Childcare Centre

Phone: 778-258-5029

Email: childcare@rvcsbc.org

1451 5th Avenue, Valemount BC

REGISTRATION FORM

Child's full name: _____

Surname

First name

Middle name(s)

Date of birth: _____ Gender: _____ Pronouns: _____

MM/DD/YYYY

M/F/X

Date of enrolment: _____ End date: _____

MM/DD/YYYY

MM/DD/YYYY

To be completed at withdrawal

Days and hours needed for care:

	<i>Multi-Age Daycare (state times needed)</i>	<i>Group Care (9:00 am-2:00 pm)</i>	<i>School Age (pick up 2:30-5:00)</i>
Monday		X	
Tuesday			
Wednesday			
Thursday			
Friday		X	

We cannot guarantee times needed will be available. Once registration is reviewed, staff will let you know what times are available for your child to access care

I am completing this form for drop-in when available: Yes No

Please give a minimum of 1 months' notice for any cancellations or needed schedule changes. Staff will review and adjust as possible. No schedule changes can be guaranteed and will only take place with approval.

Have you applied for Affordable Child Care Benefit for your child? Yes No

Are you currently receiving ACCB? Yes No

*If no, would like assistance with an application? Yes No



Has your child previously attended daycare or preschool? Yes No

If yes, please explain your child's experience and reason for leaving:

1). Parent or Guardian

Name (FULL NAME): _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ PO Box: _____

Email Address: _____

Preferred contact: _____ Phone _____ Email

2). Parent or Guardian

Name (FULL NAME): _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ PO Box: _____

Email Address: _____

Preferred contact: _____ Phone _____ Email





Health care information:

Does your child have any known allergies? Yes No

If yes, please state allergies, reaction and action taken: _____

Does your child have any medical conditions? Yes No

If yes, please explain: _____

Does your child take any medications? Yes No

If yes, please explain: _____

Identity

Does your child self-identify as an Aboriginal person of Canada? Yes No

What is your child's cultural background? _____

Primary language spoken at home: _____ other language(s): _____

What holidays does your child celebrate? _____

Religious or ethnic observances: _____

Is there any holiday you would not like your child to celebrate? Yes No



If yes, please explain: _____

Would you be interested in presenting parts of your culture and background with your child's group? Yes No

If yes, briefly state what you would like to present: _____

Sleeping Routines

Does your child sleep alone? Yes No

Does your child sleep well? Yes No Average hours per night: _____

Does your child sleep in: Crib Bed Other? _____

What is your child's reaction when waking up? _____

Does your child require a special toy or blanket? Yes No

If yes, explain: _____

Does your child have specific sleep habits (e. g. thumb sucking, bottle, white noise, sound machines, etc.)? _____

Toileting Routine

Is your child using the toilet? All the time Sometimes Not at all

Does your child wear: Disposable diaper Cloth diaper Pull-up Underwear

Is your child comfortable going to the bathroom alone? Yes No

What is the routine for toileting at home?



Eating Routine

Does your child have any food or diet restrictions? Yes No

If yes, please explain: _____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child feed themselves with: Fork Spoon Both Neither

Does your child drink from a: Bottle Sipper Cup Regular Cup

About your child:

Is there anything we should know about your child that will help us meet and understand his/her needs? (Qualities, characteristics, mood, temperament): _____

Are there any siblings or other children in the home? Please describe briefly the relationship between them: _____

Does your child form relationships easy? Yes No

Describe how they connect to other children: _____



Describe how your child connects with adults: _____

Describe how your child may react to a situation he dislikes (boundaries, conflict, etc.):

When your child is alone, what activities do they enjoy? _____

What are your child's interests? _____

Describe any particular fears your child has, e. g. animals, loud noises: _____

Describe how your child reacts to new situations: _____

Has your child experienced any event that you feel it is important for centre staff to be aware of? (Example; trauma, injury, big changes) Yes No

If yes, please briefly describe: _____



Parent's Input

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

What are your goals for your child while in attendance at our Centre? _____

Do you have any additional comments, concerns, or questions? _____

ALL INFORMATION ON THESE FORMS WILL BE KEPT CONFIDENTIAL



PARENT AGREEMENT FORM 2023 – 2024

Child's Name: _____ Birth Date: _____
Surname First name(s) Middle name(s) MM/DD/YYYY

Parent/Guardian Name: _____

Please initial the following:

I have registered my child today into the: _____ Multi-Age _____ Group Care _____ School aged care

I have read and agree to abide by the policies, procedures and expectations as outlined in the RLCC Parent Handbook. _____

Any questions and/or concerns I have regarding the information in the handbook have been clarified by the staff of RLCC. _____

I have submitted a recent, up-to-date photo of my child or requested staff to have one taken to add to file (required by licensing). _____

I agree to pay fees in full on time, each month. If not able to, I will connect with staff before they are due and accept necessary actions upon staff's discretion _____

I acknowledge that scheduled field trips may occur throughout the year outside of walking distance, and in this instance an individual field trip form will be provided _____

I agree and understand that I must inform the center's staff **in writing** if a person is picking up my child who is not on the approved pick-up list. If staff are not informed, I understand and agree to staff not releasing my child until we can receive written confirmation of the pick-up with legal parent/guardian _____

I understand that RLCC staff are not responsible for finding alternative care on days where centre is not operating or during unexpected closure _____

In addition, I have read and agreed to the following completed forms (please initial):

Registration Form _____

Emergency Consent Form _____

Developmental Screening Permission Form _____

Parent Agreement Form _____

Registration Package Immunization Form completed or Copy of Health Passport _____

Photo & Video Release Form and Field trip consent _____

Parent/Guardian Name Parent/Guardian Signature Date





PHOTO & VIDEO RELEASE FORM 2023 - 2024

Throughout the year your child's photograph may be taken individually or with their class and used for special projects and classroom displays. We may also use photographs in our monthly newsletters. Video also may be taken at different holiday activities and special events. Please read the following statements and initial.

As the parent/guardian of a child/children at Roots of Life Childcare Centre, I agree to the following:

I understand that my child whose name is listed below may be photographed and/or videoed at Roots of Life Childcare Centre during normal daycare and preschool hours, field trips or activities. _____
(Y/N)

I understand that these photographs and/or videos may be used in classroom projects and displays and the RLCC newsletters. _____ (Y/N)

I understand that I have the right to request in writing, to have any photographs and/or videos of my child removed within thirty (30) business days. _____ (Y/N)

I will make no monetary or other claim against RLCC for the use of the photograph(s)/video. _____
(Y/N)

I give permission for my child's photographs and/or videos to be mounted on RLCC newsletters, classroom projects and displays. (When names are added, only first names will be used.) _____
(Y/N)

I consent for photographs and/or videos of my child to be posted on social media by RVCS and/ or RLCC _____ (Y/N)

I consent for photos and/or videos of my child to be sent directly to parents/guardians via text or social media _____ (Y/N)

Child's Name: _____
Surname First name(s) Middle name(s)

Parent/Guardian Name

Parent/Guardian Signature

Date



FIELD TRIP CONSENT FORM RLCC 2023-2024

Dear families,

At Roots of Life Childcare Centre, we believe in the importance of increasing connections between children, our land and community. As such, staff will work to create opportunities for children to explore outside of the centre. When this does occur, other centre staff will be aware of where the group has gone, and information will be posted on your child's classroom.

I give permission for _____ to participate in spontaneous neighbourhood walks and walks to the local parks with the child care staff of Roots of Life Childcare Centre. I will be notified and a separate consent will be obtained for any field trips outside of walking distance from the Centre.

Parent/Guardian Name

Parent/Guardian Signature

Date



DEVELOPMENTAL SCREENING PERMISSION FORM 2023 – 2024

RLCC consults with internal programs to RVCS such as the local Infant Development Program (IDP) and Supported Child Development Program (SCDP), and outside agencies such as the Prince George Child Development Centre (CDC), to support RLCC staff and children with their developmental goals.

The CDC team of:

Speech Language Pathologist (SLP) — Assist in the development of children's verbal and non-verbal communication skills, and are therefore concerned with the child's hearing, general health, attention, memory, personality, socialization, movement skills, play and concept development. Family needs and lifestyles are considered in selecting treatment content and options too.

Occupational Therapist (OT) — Enable children to participate in activities using their hands for play, dressing, feeding, toileting, bathing, following routines, and moving around their homes, communities, and daycares/preschools/schools. Together with the child and the child's family/caregivers, the OT will assess each child in order to determine goals and strategies that address the child's needs abilities and environment.

Physiotherapist (PT) — Are concerned with how a child moves, what is typical and what is not, and what movement or lack of movement will result in problems for a child. The child's development, especially in the areas of posture and movement is analyzed and a plan of action determined through consultation with the family are available by referral to the CDC for a screening assessment of your child during their time at RLCC.

If any of these professionals have recommendations, these would be passed on directly to you and actions will be take upon the families' request.

The staff at RLCC may also carry out a Developmental Screen to use with the therapist, or to discuss your child's development with you. You can make a self-referral or RLCC staff to make a referral for you to the CDC, IDP and/or SCDP.

I DO consent for my child to be screened _____

I DO NOT consent for my child to be screened _____

Child's Name: _____ Birth Date: _____
Surname First name(s) Middle name(s) MM/DD/YYYY

Parent/Guardian Name Parent/Guardian Signature Date





IMMUNIZATION FORM 2023-2024

The Child Care Licensing Regulation, Section 57 (2) (a) states that all children attending a licensed child care facility must have a record of their immunization(s). The following information must be recorded on each child attending the program and kept in the facility files. A current photocopy of the child's health passport is also acceptable.

Child's Name: _____ *Birth Date:* _____
Surname First name(s) Middle name(s) MM/DD/YYYY

My child has been immunized in the Provincial Immunization Program: _____ (Y/N)

My child has received additional immunizations: _____

Basic Immunization Schedule(http://www.healthlinkbc.ca/toolsvideos/immunization/#child)					
	2 Months	4 Months	6 Months	12 Months	18 Months
Chickenpox (Varicella) Vaccine				X	
Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus Influenzae Type B (DtaP-HB-IPV-Hib) vaccine		X	X		
Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type B (DtaP•IPVHib) Vaccine					X
Inactivated Influenza (Flu) Vaccine2 Live Attenuated Influenza (Flu) Vaccine			X Children 6 months to 4 years		
Measles, Mumps, Rubella (MMR) Vaccine				X	
Meningococcal C Conjugate (Men-C) Vaccine				X	
Pneumococcal Conjugate (PCV 13) Vaccine	X				
Rotavirus Vaccine	X	X			

School Entry: (4 —6 years of age) Measles, Mumps, Rubella and Varicella (MMRV) Vaccine and DTaP-IPV— Booster given in Kindergarten YES NO

Grade 6: Chickenpox (Varicella) Vaccine, Hepatitis B Vaccine, Human Papillomavirus (HPV) Vaccine and Meningococcal C Conjugate (Men-C) Vaccine YES NO

<http://www.healthlinkbc.ca/toolsvideos/immunization/#school>

 Parent/Guardian Name Parent/Guardian Signature Date





EMERGENCY CONSENT FORM

Child's Name: _____ Birth Date: _____
Surname First name(s) Middle name(s) MM/DD/YYYY

Home Address: _____

First Emergency Contact: _____

Cell Phone: _____ Work Phone: _____

Second Emergency Contact: _____

Cell Phone: _____ Work Phone: _____

Out of town contact: _____

Cell Phone: _____ Work Phone: _____

Child's doctor: _____ Phone: _____

Most recent tetanus shot: _____

Allergies/Medications: _____

Care Card Number: _____

Consent

- 1) It is the policy of this facility 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.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted
- 4) I hereby give consent for my child named above to receive medical treatment

Parent/Guardian Name	Parent/Guardian Signature	Date
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Other persons authorized to pick-up my child (*ID may be required*):

Name	Phone Number	Relationship to child

Is there currently a court order in place involving this child? _____ (Y/N)

Please note that if there is any court order, such as custody or protection, in place involving this child, there must be a copy of the current order in your child's file while in attendance at this centre. It is the parent/guardian's responsibility to ensure to provide RLCC with all updates.

Is there anyone who should not have any access to your child? If yes, state name and provide a brief explanation:

Please initial below all that you approve:

I agree to allow RLCC staff to apply sunscreen as needed throughout the year _____

I agree to allow RLCC staff to apply bug spray as needed throughout the summer _____

I agree to allow RLCC staff to apply topical cream as needed and provided by the parent/guardian (diaper cream, ChapStick, lotion, etc.) _____

