Young Climbers Daycare Centre

Please fill in registration forms and bring in two cheques with your child's name on both **cheques.** Payments will be processed by an automatic debit of your bank account on the 1st of each month.
$200.00 (Non-refundable fee) this is the Registration Fee
This registration fee holds your child's place in the Daycare centre. This is non-refundable fee. Payment of these fees implies intent to attend. Administration makes decisions and purchases based on this fee, and the fee is non-refundable.

Rates for YC Daycare program

Full time $1000 - 100 = $900 per month (which includes the affordable childcare benefits). ☐
2 and 3 days per week is $60 per day (which includes the affordable childcare benefits) and depends on availability. ☐
We accept childcare subsidy.

CHILD'S NAME: _____
Male_____ Female_____
Birthdate: Month _____Day: _____ Year: _____
Address: _____
City: _____Postal code_____
Mother's name: _____
Home #_____Work #_____ Cell #_____
Father's name: _____
Home #_____Work #_____ Cell #_____
Care card number #_____
Emergency Pick up person name: _____ Phone #_____
Email address: _____
Out of town contact name and #_____

Allergies or food restrictions_____

FIRST DAY STARTING DAYCARE:_____

HOURS are from 7:30 am until 5:30pm

Hours that you are needing.

Provide Exact times	Monday	Tuesday	Wednesday	Thursday	Friday
Time in:					
Time out:					

YC Daycare Centre Registration

Child's First language: _____

Child's Second Language: _____

Address: _____

City: _____Postal Code: _____

Family Members who live in the house with your child:

Name: _____age: _____
Brother ___Sister ___Other_____

Name: _____age: _____
Brother ___Sister ___Other_____

Name: _____age: _____
Brother ___Sister ___Other_____

Name: _____age: _____
Brother ___Sister ___Other_____

Custody Agreement:

If any there is any custody agreement in effect, please give details as they relate to the child and attach a copy to this form:

_____
_____
_____
_____
_____

YC Daycare Centre

Medical Information:

Care card Number: _____

Family Doctor's Name: _____

Phone Number: _____

Dentist Name: _____

Phone Number: _____

Does your child have any known health issues: Yes ___ No ___
Does your child have special needs? _____
Special comments, concerns, or instructions regarding your child:
_____
_____
_____
_____

Allergies: _____

If your child is allergic to peanuts or nuts and goodies are made in a facility that contains nuts or contains traces of tree nuts is it okay for your child to eat the product: Yes ___No____

Medications: _____
Vision Concerns: _____
Hearing Concerns: _____
Other: _____

Special Diet for health or religious reasons:
_____
_____
_____

YC Daycare Centre

Emergency Contact other than yourself:

Name: _____

Relationship to Child_____

Home Phone Number: _____Work: _____Cell: _____

Alternate Emergency Contact:

Name: _____

Relationship to Child_____

Home Phone Number: _____Work: _____Cell: _____

Out of town phone number#_____

Alternate person allowed picking up your child:

Name: _____ Home Phone Number: _____

Name: _____ Home Phone Number: _____

Name: _____ Home Phone Number: _____

Name: _____Home Phone Number: _____

CONSENT TO PHOTOGRAPH:

I hereby give my consent to the Caregiver to take and/or have photographs of my child, _____. I understand the photographs may be used by YC Daycare Center in its program, meetings, newspaper, magazines, computer web pages, Facebook, or other such publications.

Signature of Parent or Guardian: _____

Date: _____

YC Daycare Centre

FIELD TRIP CONSENT:

I hereby give my consent to the Caregiver to take my child, _____ for walks or trips away from the Childcare Centre.

Signature of Parent or Guardian: _____

Date: _____

VISITOR CONSENT:

I give my consent to allow supervised Practicum Students and other authorized adults that are approved by the YC Daycare Centre to be a part of the daily classroom and take pictures of my child, _____ for educational purposes.

Signature of Parent or Guardian: _____

Date: _____

MEDICAL CONSENT:

I hereby give my consent to the Caregiver to call 911 to help my child, _____ in case of emergency and if needed transport them to the nearest hospital. (Surrey Memorial).

Signature of Parent or Guardian: _____

Date: _____

YC Daycare Centre

MEDICATION CONSENT:

If required and per the doctor's note on file with the Childcare Centre I allow my child, _____to be administrated medication.

Signature of Parent or Guardian: _____

Date: _____

FOOD, DIAPERS and CLOTHES:

I will provide healthy snacks, lunch and milk for my child for each day that they are in attendants at daycare.
I will provide enough diapers and wipes for my child for each day that they are in care at daycare.
I will provide clean, extra clothes for my child for each day that they are in attendants at daycare.

Signature of Parent or Guardian: _____

Date: _____

YC Daycare Centre

Child's immunization records

Child's Name: _____

Date of Birth: _____

To the best of my knowledge my child _____

Has all their immunizations and are up to date.

The medical certificate of vaccinations can be located: _____

Parent's signature: _____

Date: _____

I have chosen not to give my child immunization shots.

Parents Signature: _____

Date: _____

SUNSCREEN CONSENT:

YC Daycare Centre asks you to have sunscreen in your child's bag. Please apply to your child before school and we will re-apply with permission by the parent or guardian. I hereby give my consent to the Caregiver to apply sunscreen on my child, _____.

Signature of Parent or Guardian: _____

Date: _____

YC Daycare Centre

PARENT CONTRACT:

This contract is a binding contract between YC Daycare Centre and the Parent.

I_____ understand that the fee for part time days is $60 per day (Which includes the affordable childcare benefits from the government) (totals will be calculated and taken out of your account on the 1st of each month.)
Full time is $900.00 per month. (Which includes the affordable childcare benefits from the government) (Totals will be taken out of your account on the 1st of each month.)

$200.00 is due at time of Registration, a void check also will be required at the time of registering my child for the YC Daycare Centre. In addition, one-month notice on the 1st of the month is required for any reason to remove my child _____from YC Daycare Centre. I understand that this is binding contract between YC Daycare Centre and myself.

Payment must be completed by the first of each month, NO ACCEPTIONS! If for any reason the payment is not made by the 1st of each month, the child will be unable to come to daycare until payment is made in full.

Signature of Parent or Guardian: _____

Date: _____