

CHILDS NAME \_\_\_\_\_

I AM REGISTERING MY CHILD TO THE FOLLOWING PROGRAMS (5 Hours/day each program )

(please circle)

1. Playschool Mon&Wed 2.Playschool Tues&Thurs

3. Playschool Mon&Wed + Artistic Fridays 4.Playschool Tues&Thurs + Artistic Fridays

MY CHILD NEEDS CARE FROM: \_\_\_\_\_

NAME OF PARENTS OR GUARDIAN: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MALE  FEMALE  CARE CARD # \_\_\_\_\_

CHILD'S HAIR COLOUR: \_\_\_\_\_ CHILD'S EYE COLOUR: \_\_\_\_\_

ANY OTHER PHYSICAL DESCRIPTORS: \_\_\_\_\_

MAILING ADDRESS (Street, City/Town, Postal Code):

MOTHER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FATHER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL ADDRESSES

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

WORK PHONE #:

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY (When Parent/Guardian not available)

WHO ARE ALSO AUTHORIZED TO PICKUP MY CHILD \_\_\_\_\_ (Parents initials)

1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE**

IMMUNIZATION RECORDS AS REQUIRED UNDER THE HEALTH ACT (Photocopy or dates)

DPTP/HIB(4 Doses + Booster) \_\_\_\_\_

MMR (2 Doses) \_\_\_\_\_ HEP B (3 Doses) \_\_\_\_\_

OTHER \_\_\_\_\_ OR NOT IMMUNIZED (Check this box)

WHO ARE ALSO AUTHORIZED TO PICKUP MY CHILD \_\_\_\_\_(Parents initials)

1. NAME: \_\_\_\_\_

2. PHONE #: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE**

HEALTH CONCERNS (Yes/No) IF YES FILL OUT BELOW

ALLERGIES (Yes/No) IF YES WHAT KINDS: \_\_\_\_\_

ASTHMA: \_\_\_\_\_ CONVULSIONS: \_\_\_\_\_ HAYFEVER: \_\_\_\_\_ BLEEDING NOSE: \_\_\_\_\_

URINE INFECTIONS: \_\_\_\_\_ EAR INFECTIONS: \_\_\_\_\_ BRONCHITIS \_\_\_\_\_

ANY VISION/HEARING/SPEECH CONCERNS: \_\_\_\_\_

ANY LEARNING/PHYSICAL CONCERNS: \_\_\_\_\_

ANY BEHAVIOUR/EMOTIONAL CONCERNS: \_\_\_\_\_

OTHER MEDICAL PROBLEMS: \_\_\_\_\_

IS YOUR CHILD ON ANY MEDICATION (Yes/No) IF YES,WHAT: \_\_\_\_\_

SPECIAL DIET: \_\_\_\_\_

OTHER CONCERNS (Yes/No): IF YES FILL OUT BELOW

SIGNIFICANT CHANGES IN YOUR CHILD'S (I.E Death of family member, Moving, New sibling,...)

\_\_\_\_\_



IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER (Yes/No), IF YES A COPY MUST BE PROVIDED

DETAILS: \_\_\_\_\_

ARE THERE ANY PERSONS THAT SHOULD NOT HAVE ACCESS TO YOUR CHILD (Yes/No), IF YES PLEASE FILL OUT BELOW

\_\_\_\_\_  
\_\_\_\_\_

ANY OTHER IMPORTANT INFORMATION (I.E Likes/Dislikes, Toilet training, Fears,...)

\_\_\_\_\_

I REALIZE THAT THE CENTER MUST REPORT ANY ACCIDENT OR INCIDENT OF A SUSPICIOUS NATURE

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES

\_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_

DATE



I will adhere to our agreed payment of \$ \_\_\_\_\_ per MONTH and prepaid for the first of each month by post dated checks.

**If fees are not paid by the 5<sup>th</sup> of the month I understand that my child may be withdrawn from the program until payment has been received.**

I agree to pay a \$50.00 Non-refundable registration/supply fee, which holds a spot for my child for the year and pays administration fees. I understand that CFBF program is closed for Statutory Holidays

My child is registered for the \_\_\_\_\_ program and I understand that I will be charged \$5.00 per 5 minutes after pickup time. A maximum of 3 late pick-ups or other arrangements will have to be made.

I will not send my child to the center if they are ill and I will notify the center if my child has come in contact with a communicable disease. I will also call the center before my child's class begins to let staff know my child will be absent that day.

In case of accident or illness, I authorize the center to contact a physician and/or ambulance if I cannot be reached immediately and I will accept all Physician/Ambulance fees.

In the event of absenteeism due to illness, vacation or other occasion not initiated by the center, I understand that I am still responsible for full payment. I understand that if the center is closed for longer than one day due to circumstances not incurred by myself that Children for a Better Future will credit my next month's fees or issue me a reimbursement cheque for the amount of days they are closed. I realize that I may have to wait up to 10 days for this cheque to be sent to me.

In case of a staff illness or emergency I authorize a qualified substitute to care for my child.

I authorize the center to administer to my child only medications only as prescribed by my physician and provided in the **original labeled container.**

I give permission for my child to participate in all field trips and activities that may be held on or off site. This will include walks to: \_\_\_\_\_ and the \_\_\_\_\_. I agree to transport my child to all other field trip destinations and understand that CFBF is not responsible for my child until they have reached the field trip destination and I have signed them in.

The first month of attendance will be considered a period of adjustment for each child. It is the center and parent's responsibility to keep each other informed of the child's progress and happiness. If a child seems unhappy or if the arrangement seems unsatisfactory for any other reason the contract can be terminated by either party without notice during this period.

**Termination of regular services after this adjustment period requires 30 days notice or one full month's fees paid in lieu of notice.**

I give my permission for my child's photograph to be taken and displayed at the center and on our website and Facebook page.

**I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES**

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
START DATE OF PROGRAM

\_\_\_\_\_  
END DATE OF PROGRAM (office use)

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Male: Female:

Child's Hair Colour: \_\_\_\_\_ Child's Eye Colour: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Dr.'s Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Work Phone # (Mom): \_\_\_\_\_ (Dad) \_\_\_\_\_

Cell Phone (Mom): \_\_\_\_\_ (Dad) \_\_\_\_\_

Emergency Contact (Not Mom or Dad): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_

Child's Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

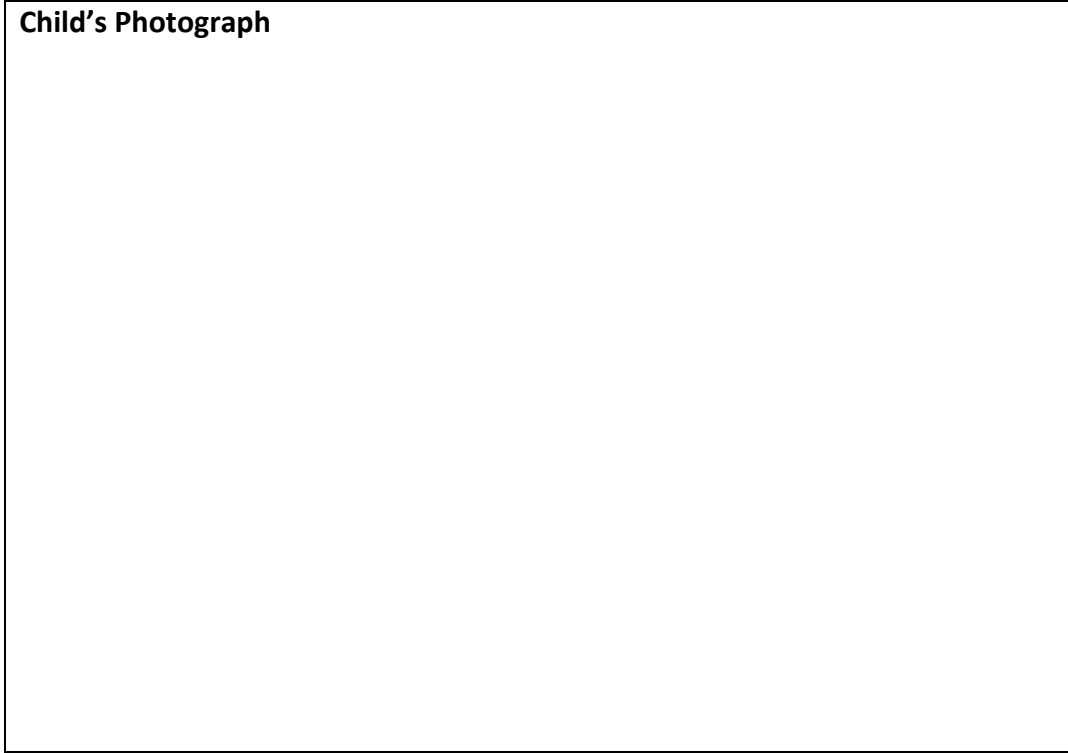
Permission to call Doctor/Ambulance: YES / NO

Program: \_\_\_\_\_

Grade/age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Child's Photograph**



# Parental Involvement

Don't know how to get involved? Read below and see if any of these ideas fit you!

Here are some ideas for activities you can initiate or participate in:

- Organic gardening
- Reading in any of the programs (peace oriented, inspiring books...)
- Singing or dancing with the kids
- Easy Carpentry or other non-dangerous hobbies (Bird box making, for example)
- Cooking – we have the idea to create cooking time once a week. We want to bake our own bread, as an example.
- Crafts:
  - Paper maché
  - Art with beans or sand
  - Sewing by hand
  - Pop-up cards
  - Origami
  - Making a kite
  - Writing art – teaching them to write “I love you mom/dad” – it can be an amazing card the parents can keep for the rest of their lives.
- Puppetry
- Athletics – non-competitive
- Building a sand castle
- Give a lecture about your job
- Nature talk/walk
- Field trips
- Helping us maintain and clean up the spaces (inside and outside)
- Fundraising so we can bring more cool stuff for the children. 😊 We have many ideas that we would love to put in action!

Please bring up any hobby or activity you feel happy to show to the children or enrich the center with and we will be more than happy to consider it!

Some important considerations need to be mentioned around this topic:

If there is a lack of parental involvement the program may be suspended for that family and they may lose the option to send their child to the center.

If, on the other hand, a certain family cannot accomplish the hours due to illness, and/or other personal circumstances, we will consider other ways to compensate for the hours of involvement as long as it is a temporary situation.

I understand and agree with the parental involvement policy:

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Parent/s Legal Guardian Name/s & Signature

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Date

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Parent/s Legal Guardian Name/s & Signature

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Date



## Application Form

1. Why would your child and your family be a good fit for this program?

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2. What do you feel you would get out of this program?

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3. What aspects of the program do you really resonate with?

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4. What aspects of the program do you foresee as a challenge?

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5. Are you open to implementing changes at home if it will benefit your child?

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**Thank you!**