

MAYNE ISLAND DAYCARE - REGISTRATION 2020

Thank you for submitting your registration for enrolment to the Mayne Island Daycare!
Please free to contact us at maynedaycare@gmail.com should you have any questions

Office to fill out, please leave blank

Application Received by: _____ Date: _____
Actual Date of Enrolment: _____ End Date (if known): _____

Application Date: _____

Desired date of enrolment: _____

Childs Information

Child's Name: _____

Gender: _____ Date of Birth: _____ Current age: _____

Home Address: _____ Phone: _____

Email address: _____ Please send my invoices by: Paper / Email

Family Information

Parent/Guardian A: _____

Relationship: _____ Phone: _____

Address (if different than child's): _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian B: _____

Relationship: _____ Phone: _____

Address (if different than child's): _____

Place of Employment: _____ Work Phone: _____

Sibling Name: _____ Age: _____ Enrolled in Mayne Daycare? Y / N

Sibling Name: _____ Age: _____ Enrolled in Mayne Daycare? Y / N

Emergency Contacts

Emergency Contact A (on island and reachable by phone): _____

Phone _____ Relationship _____

Emergency Contact B (on island and reachable by phone): _____

Phone _____ Relationship _____

Medical Information

Family Doctor: _____ Doctor Phone: _____

Family Dentist: _____ Dentist Phone: _____

B.C. Care Card Number: _____

Has your child been immunized? YES / NO

**If yes, please attach a copy of the immunization record. You will be required to keep us updated as more immunizations are received. If no, please state the reason. I.e. Personal preference, medical reason.*

Allergies: _____

Prescription Medications: _____

Note: If prescription medication is required, we will supply you required documentation upon enrolment.

Does your child have any special needs or medical disabilities?

Special Diets:

Toileting Information (e.g. special words, reminding):

Napping information:

About Your Child

What does your child prefer to be called: _____

Something that soothes my child: _____

Favorite book: _____

Favorite song: _____

Other favorites: _____

My child likes to (check all that apply):

- Listen to stories Play with other children Draw and color Play alone
- Play outside Play make-believe Play quiet games inside Go to friends

My child doesn't like to: _____

My child learns best by: _____

I would like you to know this about my child:

Note: If there is something happening at home that you feel is impacting your child, please let us know so that we can be sensitive to the situation. All employees and board members are bound by to confidentiality.

Scheduling

Mayne Island Daycare hours of operation are:

Monday & Thursday 11:45am-5:45pm and Tuesday, Wednesday & Friday 8:30am-4:30pm

How many days of daycare would you prefer each week? _____

Please list desired days in order of preference (Include all days you would be willing to accept)

Note: In the event that no space is currently available, you will be added to the waitlist for indicated days

1. _____
2. _____
3. _____
4. _____
5. _____

The government affordable childcare benefit may be available for families.

Are you interested in applying? YES / NO

PARENT/GUARDIAN AGREEMENT

Mayne Island Daycare Responsibilities:

The Mayne Island Daycare (MID) will provide care for children in accordance with the terms of its license and in compliance with the regulations set out in the Community Care and Assisted Living Act. Mayne Island Daycare will give one month's notice of any closures, except where such notice is not possible due to staff illness or unforeseen circumstances.

Parent Responsibilities:

I, the undersigned, agree to abide by the Mayne Island Daycare Centre's policies and procedures as stated here and in the 'Parent Handbook' and to keep myself apprised of the events at the daycare.

I understand that in the classroom and on the playground, the staff have the overall responsibility for the program, guidance, health and safety measures. I will keep staff informed of any event or change of routine at home that might affect my child's behaviour. If my contact information changes, I will alert Mayne Island Daycare promptly.

I understand that to attend the program, my child must be well enough to participate in all aspects of the program including outdoor play. I will not send my child to the daycare if there are any questions that s/he is ill, nor come myself if I am ill. If my child becomes ill while at the Mayne Island Daycare, I will arrange to pick him/her up promptly.

If requested, I will provide a note from a primary care provider affirming my child's good health before he/she next attends the program. If my child contracts a communicable disease, I will notify the staff immediately.

I understand that if my child needs to have any medication administered, the medication will be given directly to the teacher with written instruction and in the original packaging rather than being sent in the care of the child. I will keep my child's health information updated. I understand that Vancouver Island Health Authority licensing regulation require that only medication prescribed or recommended for my child in writing by a physician or other qualified care provider and provided in its original packaging with full, legible instructions and precautions will be administered to my child by Mayne Island Daycare staff. The staff will only administer the medication once parents have completed the '*Permission to Administer Medication*' form. This form is on file at the daycare.

I agree to furnish the Mayne Island Daycare with my child's immunization records with the registration forms at the time of enrolment and keep these current; or if my child has not been immunized, then, in accordance with the Vancouver Island Health Authority regulations, I will provide a letter stating that this is my informed choice and that I understand that I must remove my child from the Mayne Island Daycare if a child who attends the centre, or one of that child's family members, contracts a vaccine preventable communicable disease. I realize that I may not bring my child back to the daycare until the infection period passes and that my fees will not be adjusted to reflect my child's absence. I understand that my child's immunization status may be provided to Vancouver Island Health Authority upon VIHA's or my request.

I will inform Mayne Island Daycare in writing of any allergies and medical conditions that my child may have as well as significant behavioural or developmental issues. I will keep staff informed on any events, circumstance or changes in routine at home that may affect my child's behaviour and I will accept the decision of the daycare staff if a behaviour problem develops which, in their judgement, cannot be adequately managed and causes them to require my child's withdrawal from the program until adequate support can be put in place.

Initial of Parent/Guardian: _____

EMERGENCY MEDICAL ATTENTION PERMISSION FORM

Mayne Island Daycare (MID) will contact parents in the event that their child becomes unwell or is injured while attending the daycare program. If staff members are not able to contact the parents before it becomes necessary to take action, in signing below, you are giving consent for MID staff members to exercise their judgement if your child becomes unwell or is injured while in their care.

In the even that my child/ren become unwell or are injured while in the care, custody, or control of the Mayne Island Daycare and I cannot be contacted and/or the situation is such that medical attention is urgently needed, I hereby authorize MID staff members to administer first aid, including but not limited to: giving an injection with an EpiPen, to call the family doctor or other physician, to take my child to the nearest medical clinic or to call for the ambulance to attend, and to authorize treatment of my child in the event I cannot be reached.

In case of injury, illness or allergic reactions to my child while in the care or custody of the Mayne Island Daycare, I hereby waive all claims against the Mayne Island Daycare and Mayne Island Early Childhood Society, including its directors, staff, contractors, volunteers and the Society’s membership, in excess of the liability insurance carried by the Mayne Island Daycare. I have read, understand and accept all the foregoing consents and permission clauses and will abide by the terms and conditions of this agreement. Your signature also confirms that you have been given a copy of these policies and procedures to take home for your own reference.

Initial of Parent/Guardian: _____

AUTHORIZED PERSONS FOR CHILD PICK-UP AND ‘NO ACCESS’ INFORMATION

Daycare Staff will only release your child to people included on this form. This list may be added to or changed by parents at any time in writing only. The information must be filled in completely, full name and phone number, in order for staff to accept it as authorization for anyone other than the child's parent to pick up. I hereby give consent for my child _____ to be picked up by the people listed below. I understand that, according to Mayne Island Daycare's Release of a Child policy, my child will only be released to people included on this Authorized Pick Up Form. I understand that these measures are intended to ensure the health and safety of all of the children who attend the daycare, including my own. Identification may be required.

AUTHORIZED PERSON(S) FOR PICK UP	PHONE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

Any person who is NOT permitted access to my child while attending Mayne Island Daycare:

Name: _____ Relationship: _____

Initial of Parent/Guardian: _____

PARENT PERMISSION:

I hereby give permission for my child _____ for the following:

PHOTOGRAPH AND VIDEO

I give permission for pictures to be taken of my child while attending the program at Mayne Island Daycare. I understand that these photographs may be used in the program’s activities, displayed within the school, newsletters, emails, website or submitted to the MayneLiner magazine.

Initial of Parent/Guardian: _____

PERMISSION FOR WALKS AND OTHER EXCURSIONS

I give permission for my child to go on supervised excursions within walking distance from the Mayne Island Daycare. I understand that these walks may be of a spontaneous nature influenced by the weather, a child’s suggestion, a curriculum theme or other circumstances. As such, I may not receive advance notice. In the event of harm to my child or misadventure related to the aforementioned outings, I hereby waive all claims against MID, including its directors, contractors, volunteers and the Mayne Island Early Childhood Society’s membership, in excess of the public liability insurance carried by MID.

Initial of Parent/Guardian: _____

SUNSCREEN APPLICATION PERMISSION

I give permission for my child to have sunscreen applied by staff when needed on days that my child will be exposed to the elements during outdoor play (Note that parents must provide sunscreen for their child's use).

Initial of Parent/Guardian: _____

FACE PAINT APPLICATION PERMISSION

I give permission for my child to have face paint applied by Mayne Island Daycare Caregivers on occasion.

Initial of Parent/Guardian: _____

WATER AND SPRINKLER PLAY PERMISSION

I give permission for my child _____ to engage in water and sprinkler play during outdoor play times.

Initial of Parent/Guardian: _____

ACKNOWLEDGEMENT OF DAYCARE AGREEMENT

I have read, understand and accept all the foregoing consents and permission clauses and will abide by the terms and conditions of this agreement. Your signature also confirms that you have been given a copy of the Mayne Island Daycare Parent Handbook policies and procedures to take home for your own reference.

I have received a copy of the updated Parent Handbook for Mayne Island Daycare: YES / NO

PARENT/GUARDIAN (Please Print): _____

SIGNATURE: _____ Date: _____

*NOTE: Parent is required to initial each section, plus submit full signature in final to acknowledge agreement
The signature of one parent constitutes the consent of both.*

STAFF MEMBER (Please Print): _____

SIGNATURE: _____ Date: _____