

MAYNE ISLAND DAYCARE REGISTRATION 2018

Child's Name _____

Sex: _____ Date of Birth _____ Current age: _____

Home Address _____ Phone _____

Email address _____

Would you prefer paper or email for your invoices/notices? _____

Desired date of enrolment _____

Office to fill out, please leave blank

Actual Date of enrolment: _____ End Date: _____

Parent/Guardian Name _____

Relationship _____ Phone _____

Address _____

Place of Employment _____ Work Phone _____

Parent/Guardian Name _____

Relationship _____ Phone _____

Address _____

Place of Employment _____ Work Phone _____

Siblings: Name _____ Age _____ Enrolled in Mayne Daycare?

Name _____ Age _____ Enrolled in Mayne Daycare?

Alternate Emergency Contact Person A - on island and reachable by phone

Name _____ Phone _____

Relationship _____

Alternate Emergency Contact Person B -on island and reachable by phone

Name _____ Phone _____

Relationship _____

Medical Information:

Family Doctor _____

Doctor Phone _____

Family Dentist _____

Dentist Phone _____

B.C. Care Card Number _____

Has your child been immunized?

If yes, please attach a copy of the 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:

**Please note that if prescription medication is required, we will supply you with the required documentation upon confirmation of enrolment. Does your child have any special needs/medical disabilities?

Special Diets:

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

Napping information:

General helpful information: 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 house

My child doesn't like to: _____

my child learns best by: _____ I would like you to know this about my child: 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 an agreement of confidentiality. Scheduling: Mayne Island Daycare is open Tuesday, Wednesday and Friday from 8:30am-4:30pm. How many days would you like?

Please list desired days in order of preference. Write all days you would be willing to accept.

The government affordable childcare benefit may be available for families. Are you interested in applying?

PARENT/GUARDIAN AGREEMENT

I, the undersigned, agree to abide by the Mayne Island Daycare Centre's policies and procedures as stated above 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. I will not send my child to the daycare if there is any questions that s/he is ill nor come myself if I am ill. 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. If my child/ren become ill and I am not available, I hereby give my permission for the staff to send my child home in the care of an authorized, responsible adult listed on my emergency pick up consent form. I agree to furnish the Mayne Island Daycare with my child's immunization status with the registration forms at the time of enrolment and I understand that this may be provided to Vancouver Island Health Authority upon VIHA's or my request. 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. If my child becomes ill while at the MID, 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 I will inform MID in writing of any allergies and medical conditions that my child may have as well as significant behavioural or developmental issues I will supply my child's immunization records 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 MID 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 will keep contact and health information updated.

I will keep staff informed on any events, circumstance or changes in routine at home that may affect my child's behaviour. I will accept the decision of the MID staff and the MIECS's Manager 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. 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 MID staff. The staff will only administer the medication once parents have completed the "Permission to Administer Medication" form. This form will be kept on file at the MID. I will notify MID staff if someone other than myself will be picking up my child from the program. 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. Mayne Island Daycare Responsibilities The Mayne Island Daycare 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. MID will give one month's notice of any closures, except where such notice is not possible due to staff illness or unforeseen circumstances. 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.

PARENT/GUARDIAN PRINT _____

SIGNATURE _____

_____ Date _____

STAFF MEMBER PRINT _____

SIGNATURE _____ Date _____

MAYNE ISLAND DAYCARE EMERGENCY MEDICAL ATTENTION PERMISSION FORM Mayne Island Daycare 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. The signature of one parent constitutes the consent of both. 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 Preschool 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.

PARENT/GUARDIAN PRINT _____

SIGNATURE _____

Date _____

STAFF MEMBER PRINT _____

SIGNATURE _____ Date _____

MAYNE ISLAND DAYCARE 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.

Signature of Parent or Guardian _____ Date AUTHORIZED

PERSON(S) FOR PICK UP

PHONE NUMBER _____

Any person who is not permitted access to my child while attending Mayne Island Daycare:
NAME _____ PHONE NUMBER _____

MAYNE ISLAND DAYCARE PERMISSION TO PHOTOGRAPH AND VIDEO FORM

I hereby give my permission for pictures to be taken of my child _____ while attending the program at MID. I understand that these photographs may be used in the program's activities, displayed within the school, MID newsletters, MID emails, Freshgrade, or submitted to the Mayneliner. Signature of parent/guardian _____ Date _____

PERMISSION: WALKS AND OTHER EXCURSIONS I hereby 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.

Signature of parent/guardian _____ Date _____

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. (Please note that parents must provide sunscreen for their child's use.) Signature of parent/guardian _____ Date _____

FACE PAINT APPLICATION PERMISSION

I give permission for my child _____ to have face paint applied by Mayne Island Daycare Caregivers on occasion. Signature of parent/guardian _____ Date _____

WATER AND SPRINKLER PLAY PERMISSION

I give permission for my child _____ to engage in water and sprinkler play during outdoor play times. Signature of parent/guardian _____ Date _____