



The Child Center Playschool

QCC Child Center Society
PO Box 536
Queen Charlotte City, BC V0T 1S0
Phone: 559-8338



Registration Form

Date of Enrollment: _____

Child's Full Name: _____ Birth date: _____ Age: _____

Address (box and street) _____ Postal Code: _____

Telephone: _____ E-mail: _____

Parents/Guardian Name: _____ Parents/Guardian Name: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Hours of work: _____ Hours of work: _____

Siblings: Names (birthdates)

List all persons living in the home:

Alternate persons to contact in an Emergency

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Authorized persons to pick up child (name and phone number)

1) _____ 2) _____

3) _____ 4) _____

Does your family have any strong Religious beliefs? _____

Child's Interests and Activities

Does your child have previous experience with _____ groups _____ babysitters

Does your child prefer to play alone _____ with playmates _____ with siblings _____ with adults _____

Does your child have imaginary playmates _____

Does your child have any pets _____

Describe your child's play interests:

Indoor _____

Outdoor _____

Favourite toys _____

How does your child relate with:

Parents _____ Siblings _____

Other children _____ Other family members _____

Does your child have any special fears/problems? Describe: _____

Does your child feel comfortable leaving home? Parents? _____

Guidance and Behaviour

Would you judge your child to be easily managed _____ fairly easily managed _____ or difficult to manage _____

Does your child anger easily _____ prefer to be alone _____ or become easily discouraged _____

Kind of guidance and control methods used in your home, used with your child that they best respond to _____

Are there any special circumstances in the family which may be a factor in your child's present behavior (divorce, death, new baby, recent moves etc.) Please explain: _____

Any concerns about present behavior? _____

Medical History: Please check where applicable, dates if available:

Doctors Name: _____ BC Care Card No.: _____

Telephone: _____

Has your child had a vision test? _____ Hearing test? _____

Is your child subject to any of the following:

Allergies (products or materials): _____ Bee stings _____ Colds _____

		<u>Received?</u>
1 st Immunization (2 months of age)	- Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza Type b (Hib) - Pneumococcal - Hepatitis B	
2 nd immunization (2 months after first immunization)	- Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza Type b (Hib) - Pneumococcal - Hepatitis B	
3 rd immunization (2 months after first immunization)	- Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza Type b (Hib) - Pneumococcal - Hepatitis B	
4 th immunization (12 months of age)	- Measles, Mumps, Rubella - Meningococcal C	
	- Varicella (Chicken Pox) - <i>OPTIONAL</i>	
5 th immunization (12 months after 3 rd immunization)	- Diphtheria, Pertussis, Tetanus, Polio, Haemophilus Influenza Tyoe b (Hib) - Measles, Mumps, Rubella - Pneumococcal	
4-6 Years of age	- Diphtheria, Pertussis, Tetanus, Polio	

Any Additional Comments:

For the Summer Daycare Program mark which days you are registering your child - full days or half days.

Your pre-registration entitles your child to hold a reserved place. You are required to pay for all registered days unless you have made arrangements with staff the week prior. This is to ensure that the staffing levels meet legislative requirements and so that staff can notify parents with children on the wait list when a place becomes available.

Pre-registration is beneficial in that the Daycare fees are a lower rate than the 'Drop In' fees. Please refer to your copy of the Child Centre's Policy and Procedures Manual.

Summer Daycare	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
JULY 2nd to 6 th	Closed 2	3	4	5	6
JULY 9th to 13 th	9	10	11	12	13
JULY 16-20	16	17	18	19	20
JULY 23rd-27 th	23	24	25	26	27
July 30th - Aug. 3 rd	30	31	1	2	3
August 7th -10 th	Closed 6	7	8	9	10
August 13th -17 th	13	14	15	16	17
August 20th - 24 th	20	21	22	23	24
August 27th - 31 st	27	28	29	30	31

Signature of Parent/Guardian: _____ Date: _____