



LICENSED CHILD CARE REGISTRATION PACKAGE

Welcome to the YMCA-YWCA of Vancouver Island. We are excited to offer your child a space in one of our Child Care Programs. We look forward to building a relationship with you and your family.

Your child's space is being held in your program of choice for three (3) days as outlined on your confirmation email. If this package is not received within three (3) days, your space will be made available to another family.

To complete your child's registration in your chosen program we require the following pages to be provided as outlined below.

Registration Form

Authorized Pick Up List

Child's Personal Information

Child's Health Information

Getting to Know Your Child

Parent Permissions

Payment Information

Emergency Card

5 Recent Colour Photos of Your Child

(bring to the centre do not email we can not print these)

Fees and Enrollment Policy Sign Off – From Family Info Package

If you have multiple children registering, a separate package is required for each child.

Affordable Child Care Benefit, Ministry of Children and Family Development (MCFD)

Families who may need the Affordable Child Care Benefit are encouraged to apply right away. Parents who receive the benefit are responsible for the full child care fees until the benefit is in place, which in our experience can take several weeks. We will refund the benefit portion of the payment to parents once the Affordable Child Care Benefit is in place. Please contact MCFD at 1-888-338-6622 or visit their [website](#) online at for more information.

Once you have completed this registration package email it to registration@vancouverislandy.ca



LICENSED CHILD CARE REGISTRATION PACKAGE

REGISTRATION FORM

PROGRAM INFORMATION

CHILDCARE CENTRE	CHILDCARE PROGRAM
START DATE (YY/MM/DD)	END DATE

CHILD INFORMATION

Child's Surname	Child's First Name	
Child prefers to be called:		
Birthdate (YY/MM/DD)	Gender	Potty Trained <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	Postal Code
Main Phone/Cell Phone	Care Card Number	

PARENT/GUARDIAN #1

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT/GUARDIAN #2

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

Start Date (YY/MM/DD)	Monthly Fee
REGISTRATION SERVICES USE <input type="checkbox"/> All Required documents submitted Missing Information: _____ Follow up: <input type="checkbox"/> Complete Package sent to CC Supervisor Date: _____ Initials: _____	



LICENSED CHILD CARE REGISTRATION PACKAGE

AUTHORIZED PICK UP LIST

Child's Surname	Child's First Name
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AUTHORIZATION

I authorize the following people (in addition to Parent/Guardian 1 AND 2) to pick up my child and/or to be contacted in case of an emergency:

CONTACT #1

Surname		First Name	
Address		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT #2

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT #3

Surname		First Name	
Address <input type="checkbox"/> same as child		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
Relation to Child		Access Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE INDICATE PERSON(S) TO WHOM WE *MAY NOT* RELEASE YOUR CHILD (NAME AND DESCRIPTION)

Surname	First Name
Description:	

Surname	First Name
Description:	



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PLEASE INDICATE ANY PERSON(S) TO WHOM ACCESS IS DENIED (NAME, DESCRIPTION AND RELATIONSHIP)

Surname	First Name
Relationship	
Description	

COURT ORDER IN EFFECT? YES If YES, please attach copy NO

Surname	First Name
Relationship	
Description	

COURT ORDER IN EFFECT? YES If YES, please attach copy NO

Parent / Guardian Signature: _____	Date: _____
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CHILD'S PERSONAL INFORMATION

Child's Surname	Child's First Name
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CHILD'S HOME INFORMATION

Child lives with?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian #1	<input type="checkbox"/> Guardian #2
Other siblings in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other adults in home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>If yes, please include name(s):</i>					
Surname			First Name		
Surname			First Name		

IF THERE IS A PARENTING TIME/CUSTODY AGREEMENT

Is there a copy of the agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:

IF YOU HAVE JOINT PARENTING TIME/CUSTODY, PLEASE SPECIFY ARRANGMENTS TO PICK UP CHILD

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IF YOU DO NOT HAVE A LEGAL PARENTING TIME/CUSTODY AGREEMENT BUT HAVE AN INFORMAL SEPARATION AGREEMENT PLEASE PROVIDE SPECIFICS

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LICENSED CHILD CARE REGISTRATION PACKAGE

CHILD'S HEALTH INFORMATION

Child's Surname	Child's First Name
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BC CARE CARD PERSONAL HEALTH NUMBER

IMMUNIZATION RECORDS

The Community Care and Assisted Living Act – Child Care Licensing Regulation (VIHA) requires that we have immunization records for each child in our program.

Please enter the dates of immunization in the assigned space, or **submit a copy of your child's immunization records available from your local health unit.** *PENTA; Combines Pertussis, Diphtheria, Tetanus, Polio, Haemophilus Influenza B in one dose.*

Date/Age	Date/Age
PENTA or DPTP _____	Measles _____
PENTA or DPTP _____	Mumps _____
PENTA or DPTP _____	Rubella _____
PENTA or DPTP _____	Hepatitis B _____
DPTP _____	TB _____
Other _____	

I have chosen not to immunize my child. **Signature:** _____

My child's immunizations are *not* up-to-date. **Signature:** _____

FAMILY DOCTOR

Name	Phone
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FAMILY DENTIST

Name	Phone
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DOES YOUR CHILD HAVE ANY ALLERGIES?

Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify: _____
	Severity of reaction: _____
Other Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Specify: _____
	Severity of reaction: _____
Does your child have use an epi-pen or inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DOES YOUR CHILD HAVE ANY HEALTH OR MEDICAL ISSUES SUCH AS?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Special Medications	<input type="checkbox"/> Hearing
<input type="checkbox"/> Other	Please Specify: _____			

DOES YOUR CHILD RECEIVE SUPPORT FROM AGENCIES SUCH AS: Queen Alexandra Centre for Children's Health, Speech Language Pathologist, Occupational Therapist

Please Specify: _____

OTHER HEALTH PROFESSIONALS INVOLVED WITH CHILD:

Name	Phone
Name	Phone



LICENSED CHILD CARE REGISTRATION PACKAGE

GETTING TO KNOW YOUR CHILD

Child's Surname	Child's First Name
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To ensure your child and family can grow and be successful in our program please complete the following in as much detail as possible.

<p>Has your child participated in social group settings (such as play groups, recreational programs)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what were their successes and challenges?</p>
<p>Has your child been in child care before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what were their successes and challenges?</p>
<p>Does your child have a regular nap?</p>
<p>Does your child have any food preferences and/or dietary concerns?</p>
<p>What are your child's favorite activities?</p>



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The following question is optional and is for data collection only. This question will only be used to support our efforts to improve inclusivity in our child care program. Your answer is for data-collection purposes only and will not be shared.

Does your child identify as any of the following (check any that apply):

- Indigenous (First Nations, Metis, Inuit)
- Person with a disability
- Person of colour (or visible minority)
- Neurodiverse
- None of the above



LICENSED CHILD CARE REGISTRATION PACKAGE

PARENT PERMISSIONS

Child's Surname	Child's First Name
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IMAGE RELEASE:

I _____ (parent/guardian) give my permission for video, photo and digital images of my child to be taken during the program for in-house purposes within the YMCA-YWCA of Vancouver Island. I understand that the name of my child will not be published without my express written permission.

I want to sign an additional photo/video release waiver to allow photos/video of my child to be used by the YMCA-YWCA of Vancouver Island's marketing and communications with the public. If you check yes, you will be emailed this waiver to complete.

Yes No

Parent/Guardian Signature: _____ Date: _____

FIELD TRIPS:

I _____ (parent/guardian) give my permission for my child to accompany child care staff on short neighborhood trips (i.e. library, local park). I understand that all excursions will be carefully pre-planned and adequately supervised. I understand that I will be informed of field trips that require public transportation and/or take place outside of the immediate neighborhood of the child care centre.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO ADMINISTER SUNSCREEN:

I _____ (parent/guardian) give the YMCA-YWCA of Vancouver Island Child Care Staff permission to apply sunscreen to _____ (child) on an as-needed basis. If sunscreen is not provided by the family, the staff will administer sunscreen.

Parent/Guardian Signature: _____ Date: _____

PARENT COMMITMENT:

I have received and read the Early Child Care Family Handbook. I accept and agree to abide by the policies as stated.

Parent/Guardian Signature: _____ Date: _____

PARENT CONSENT:

In permitting my child to attend YMCA-YWCA Child Care, I, the undersigned, permit my child to participate in the full range of child care activities and authorize the Supervisor or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the YMCA-YWCA is not responsible for medical care or ambulance costs.

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the YMCA-YWCA of Vancouver Island; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the YMCA-YWCA of Vancouver Island Child Care programs.

Parent/Guardian Signature: _____ Date: _____



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PAYMENT INFORMATION

Child's Surname		Child's First Name	
Payer Surname		Payer First Name	
Address		City	Postal Code
Main Phone/Cell Phone	Work Phone	Email	
<i>In accordance with Canada Revenue Agency guidelines, Child Care Tax Receipts will be issued in the name of the Payer.</i>			

PAYMENT OPTIONS

Payment is charged automatically on the first (1st) of each month through pre-authorized payment. Payment is available by credit card only. Please do not fax, email or write down your FULL credit card number. You will be contacted at the time of registration with instructions on providing your credit card information in a secure manner.

Please provide the last 4 digits of your credit card for pre-authorization:

PRE-AUTHORIZED PAYMENT CONDITIONS AND AUTHORIZATION

I hereby authorize the YMCA-YWCA of Vancouver Island (YMCA-YWCA) to deduct monthly childcare fees from my credit card on the first (1st) of each month. Childcare fees are not adjusted if your child is absent due to sickness, vacation or other personal reasons.

The YMCA-YWCA will not be responsible for any costs charged by my bank/financial institution. If a payment is declined or returned, you will be notified to arrange payment online or over the phone. If payment is not received in a timely fashion it is deemed as non-payment. Non-payment may result in the immediate cancellation of services.

The YMCA-YWCA reviews its childcare fees on an annual basis. Thirty (30) days notice in advance of any fee increase will be provided.

To make changes to your account information, ten (10) days notice is required, prior to the first (1st) of the month. It is the responsibility of the parent to ensure that the YMCA-YWCA of Vancouver Island has a current address. Online services are available to make payment for any outstanding childcare fees. To update your payment information please contact Registration Services.

I may revoke my payment authorization at any time by providing written notice of 30 days. Revoking my payment authorization does not cancel my Childcare Services with the YMCA-YWCA of Vancouver Island. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or inconsistent with this PAD Agreement. For more information on my right to cancel a PAD Agreement or more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

In the event I want to make changes to the program my child attends or to withdraw my child from the program, I agree to provide sixty (60) days notice. For example, to withdraw July 1st, written notice would be required on or before May 1st.

Payer Signature: _____

Date: _____

Parent/Guardian Signature (if not payer): _____

Date: _____



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EMERGENCY – PERMISSION CARD		
Please attach child's colour photo to this form		
Child Name:	Gender:	DOB: Y / M / D
Address:		
Home Phone:	Medical Number:	
Parent/Guardian Name:	Work/Cell Phone:	
Parent/Guardian Name:	Work/Cell Phone:	
Emergency Contact:	Phone:	
Date of most recent Tetanus Shot:		
Child's Doctor:	Phone:	
Child's Dentist:	Phone:	
Medical Conditions/Allergies/Medications:		

PERMISSION FORM	
<p>1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.</p>	
<p>2. I hereby authorize the staff at _____ child care facility to call a medical practitioner or ambulance for my child, _____, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.</p>	
Date: _____	Parent Signature: _____