



Licensed Child Care Registration Package

Welcome to Bright Horizon Daycare inc. We are excited to offer your child a space in our center. We look forward to building a relationship with you and your family.

To complete your child's registration within our program we are requiring the following pages to be provided as outlined below.

- Registration Information
- Authorized Pick-Up List
- Child's Health Information
- Getting to Know Your Child
- Terms and Conditions
- Consent and Waiver
- Emergency Contract Form

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

Subsidy and CWELCC.

Families who may need subsidy are encouraged to apply right away. Parents who receive subsidy are responsible for the full childcare fees until subsidy is in place, which in our experience this can take several weeks. Once the approval occurs a letter will be provided to our location.

Bright Horizon Daycare Inc. is part of the Canada Wide Early Learning and Child Care Program. This allows parents to receive a discount on fees within a licensed childcare center. Please speak to the Supervisor for details.

Phone:

Hours: Monday to Friday
7:00am to 6:00pm.

How did you hear about Bright Horizon Daycare Inc. _____

Office Use Only

Last Month of Care: \$

Fob Deposit: \$

Number of Fobs:



REGISTRATION INFORMATION

PROGRAM INFORMATION

CHILD CARE CENTER : Bright Horizon Daycare Inc.	CHILD CARE PROGRAM Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Pre School <input type="checkbox"/>
START DATE (YY/MM/DD)	END DATE (YY/MM/DD)

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	HEALTH 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
RELATIONSHIP TO CHILD	KEY FOB REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

Access to the Child Care Center requires a key fob. All other authorized pick-up people MUST ring the door bell.

PARENT/GUARDIAN #2

SURNAME	FIRST NAME	
ADDRESS <input type="checkbox"/> SAME AS CHILD	CITY	POSTAL CODE
MAIN PHONE/CELL PHONE	WORK PHONE	EMAIL
RELATIONSHIP TO CHILD	KEY FOB REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

Access to the Child Care Center requires a key fob. All other authorized pick-up people MUST ring the door bell.



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
RELATIONSHIP TO CHILD		

Contact #2

SURNAME	FIRST NAME	
ADDRESS	CITY	POSTAL CODE
MAIN PHONE/CELL PHONE	WORK PHONE	EMAIL
RELATIONSHIP TO CHILD		

Contact #3

SURNAME	FIRST NAME	
ADDRESS	CITY	POSTAL CODE
MAIN PHONE/CELL PHONE	WORK PHONE	EMAIL
RELATIONSHIP TO CHILD		

Child will not be released to any individual not in this section or otherwise indicated by the parent. A new pick-up person must show photo ID, including those on this list.



CHILD'S HEALTH INFORMATION

CHILD'S SURNAME	CHILD'S FIRST NAME
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IMMUNIZATION RECORDS

As a part of the Ministry of Education's licensing requirements, we must ensure that all information contained within your children's files is up-to-date and accurate at all times. It is necessary for our center to collect and maintain a copy of your child's immunization record, and a copy your children's health card.

- | | |
|--|------------------|
| <input type="checkbox"/> YES, I have attached an up-to-date copy | Signature: _____ |
| <input type="checkbox"/> I have chosen not to immunize my child | Signature: _____ |
| <input type="checkbox"/> YES, I have attached a copy of my child's health card | Signature: _____ |

FAMILY DOCTOR

PHYSICIAN'S NAME	PHONE
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DOES YOUR CHILD HAVE ANY ALLERGIES?

FOOD ALLERGIES YES NO PLEASE SPECIFY: _____
SEVERITY OF REACTION: _____

OTHER ALLERGIES YES NO PLEASE SPECIFY: _____
SEVERITY OF REACTION: _____

DOES YOUR CHILD HAVE AN EPI-PEN OR INHALER YES NO PLEASE SPECIFY: _____

DOES YOUR CHILD HAVE ANY OR REQUIRE ANY SUCH AS?

- | | |
|---|--|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEARING |
| <input type="checkbox"/> VISION | <input type="checkbox"/> SPECIAL MEDICATIONS |
| <input type="checkbox"/> SKIN CONDITION | |
| <input type="checkbox"/> CURRENT MEDICATION | PLEASE SPECIFY: _____ |
| <input type="checkbox"/> PREVIOUS ILLNESS | PLEASE SPECIFY: _____ |
| <input type="checkbox"/> PREVIOUS INJURY | PLEASE SPECIFY: _____ |
| <input type="checkbox"/> OTHER | PLEASE SPECIFY: _____ |

HEALTH CONCERNS

Please indicate if there are any past or present health concerns of which the center should be aware and informed re; diet, exercise, rest etc. or if your child has had a communicable disease that needed treatment such as Measles, Chickenpox, etc.

I ensure the information given above is correct and up-to-date. I agree to inform the Bright Horizon Daycare Inc. of any changes or updates to the information provided above during my child's enrolment.

Name: _____ Relationship to child: _____

Signature: _____ Date: _____



GETTING TO KNOW YOUR CHILD

To ensure your child and family can grow and be successful in our program please complete the following in as much detail as possible.

Language spoken at home:
Siblings? How many and ages?
Who does the child live with? Is there a custody agreement?
Do you have any concern developmentally about your child? Is there any organizations that have/are following your child's health and development?
What activities does your child like to do?
Has your child had previous group experiences (playgroup, daycare, etc.)
Does your child nap? If so, when?
Describe your child's toileting routine (diapers, pull-ups, toilet trained)
Details of your child's food preferences/eating habits:
Please describe your child's temperament/personality:
Is there anything else you'd like to share with us about your child?



TERMS AND CONDITIONS

I/We agree to comply and to ensure that my/our child complies with all the regulations and policies established by the daycare set out in the Parent Handbook.

•

I/We understand that the daycare reserves the right to request the withdrawal of the child should the daycare decide it is in the best interest of the daycare and the child, in which case the fees will be refunded on a pro-rated basis.

•

If a child has not been picked up by 6:00 p.m., a late fee of \$5.00 for the first minute and \$1.00 for each additional minute. The late fee is payable immediately by cash to the staff on duty.

•

No medication shall be administered without a prescription or legible label, and a signed consent form from a parent. We never administer over the counter medication. No herbal remedies shall be administered without a signed consent from a parent. Children who are contagious, or too unwell to participate in the day's program should be kept home until their condition improves.

•

Bright Horizon Daycare Inc. reserves the right to terminate enrollment in the case of late payment and amend fees as necessary. All daily provisions other than food for the child enrolled are to be provided by the family, and are not included in the monthly fees.

•

I/We understand that it is our responsibility to supply any diapers and wipes if applicable, and are responsible to replenish the Centre's supplies if used

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____



Bright Horizon Daycare Inc. Consent Form and Waiver

Child's Name _____ Date of Birth _____

I _____ hereby give consent for my child to:

Initial

<p style="text-align: center;">Authority and release for pictures to be taken and displayed for educational purposes.</p> <p>To have their picture taken and displayed for educational purposes which may include social media, website, business directories, presentations, events.</p>	
<p style="text-align: center;">Permission for walking trips</p> <p>My child is allowed to attend walking trips within the vicinity of the Bright Horizon Daycare Inc. and for trips to and from the school.</p>	
<p style="text-align: center;">Damage or loss of property</p> <p>Although all reasonable precautions are taken to prevent personal injury and damage or loss of property, Bright Horizon and its staff are hereby absolved from all and any responsibility for any damage or loss of property</p>	
<p style="text-align: center;">Medical Consent</p> <p>In the case of an emergency where I am not immediately available, my child may be transported to the nearest hospital, which will be arranged by a staff member of Bright Horizon Daycare Inc. If, at any time, due to such circumstances as accident, sudden illness or emergency, medical treatment is required, this may be given.</p>	
<p style="text-align: center;">Permission for the application of Diaper Cream</p> <p>Permission is given to apply diaper cream if rash is seen. I understand that it is my responsibility to supply the diaper cream, but if needed the Centres may be used.</p>	
<p style="text-align: center;">Permission for the application of Sunscreen</p> <p>Permission is given to apply sunscreen to exposed skin prior to going outside. I understand that it is my responsibility to supply the sunscreen, but if needed the Centres may be used.</p>	
<p style="text-align: center;">Permission for the application of Lip Balm</p> <p>Permission is given to apply Lip Balm to lips if needed. I understand that it is my responsibility to supply the lip balm, but if needed the Centres may be used.</p>	

Parent/Guardian Signature: _____ Date: _____



Emergency Card (classroom use)

CHILD'S SURNAME	CHILD'S FIRST NAME	DATE OF BIRTH (YY/MM/DD)	
ADDRESS		CITY	POSTAL CODE
PARENTS NAME	HOME	CELL	WORK
PARENTS NAME	HOME	CELL	WORK

ALTERNATIVE PICK UP (Emergency Contact)

Child will not be released to any individual not in this section or otherwise indicated in writing by parent. A new pick-up person must show picture ID.

(1) NAME	NUMBER	RELATIONSHIP
(2) NAME	NUMBER	RELATIONSHIP
(3) NAME	NUMBER	RELATIONSHIP

PHYSICIAN'S NAME	PHONE
CHILD'S HEALTH CARD NUMBER	
ALLERGIES/ FOOD Preference due to religion reason	MEDICATIONS
MEDICAL CONDITION	
DENSTIST NAME	PHONE

PARENTS/GUARDIAN SIGNATURE: _____ Date: _____