

**INFORMATION**

Email Completed Registration to [childcare@childhoodconnections.ca](mailto:childcare@childhoodconnections.ca)

Child's Name:			
Date of Birth: Eligible ages are 18 months to 5 years		Sex:	
Address:			
Postal Code:		Date of Childcare:	
Parent/Guardian #1:		Parent/Guardian #2:	
Mailing Address (if different than above):		Mailing Address (if different than above):	
Postal Code:	Cell:	Postal Code:	Cell:
Home:	Work:	Home:	Work:
Email:		Email:	

**MEDICAL INFORMATION**

Please note: If your child does not have a primary care provider, the **Kelowna Urgent & Primary Care Centre** (250-469-6985) will be kept on file as their Medical Practitioner.

Child's Medical Practitioner:	Phone:	Child's BC Personal Health Number:
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It is the policy of this Program to notify a parent in the event that a child is ill or requires medical attention. In the event that a parent cannot immediately be reached or emergency medical attention is required, I give permission for:

- The Program to call an ambulance to transport my child to the nearest emergency centre.
- The Program to contact my child's medical practitioner (above).
- My child, \_\_\_\_\_, to receive medical treatment.

I agree that it is my responsibility to pay the ambulance fee and for any emergency medical treatment that is not covered by the BC Medical Services Plan.

**Parent signature** consenting to the above Emergency Medical agreement: \_\_\_\_\_

## VACCINATION INFORMATION

Has your child been immunized according to the [BC Routine Immunization Schedule](#) for Infants and Children, including for Covid-19 if of age?

- Yes, my child, \_\_\_\_\_, is **fully immunized** for their age. Their vaccination record is attached.
- No, my child, \_\_\_\_\_, is **partially immunized** for their age. Their vaccination record is attached.
- No, my child, \_\_\_\_\_, is **not immunized**.

I understand that children with incomplete vaccinations will not be able to attend Childhood Connections Drop-in Childcare in the event of a communicable disease outbreak and will be kept out of the Program until said outbreak is contained.

**Parent Signature** consenting to the above Communicable Disease agreement: \_\_\_\_\_

## HEALTH & CARE INFORMATION

Does your child have any known allergies or dietary requirements? If yes, state the kind & list the treatment plan:

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Does your child take any prescription medication(s) on a regular basis? If yes, state name(s) and dosage(s):

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Does your child have any medical, physical, or social-emotional challenges/diversities that we should be aware of? If yes, please describe:

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Are there any other health or child development professionals involved with your child that we should be aware of? If yes, please explain their role(s):

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**I hereby agree that the above information is correct, to the best of my knowledge:**

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REGISTRATION AGREEMENT

- **Illness:** I will not send my child to the Program if there is an illness and I will notify the Program Coordinator if my child has come into contact with a communicable disease.
- **Health and Care Information:** I understand that it is my responsibility to update the Program if the health and care needs of my child change.
- **Medication:** I understand that caregivers will not administer **ANY** medication.
- **Hours of Care:** I understand that my child may attend the Program for the time selected below and no earlier or later. LATE PICK-UP AND EARLY DROP-OFF CHARGES WILL APPLY AND CHARGED TO THE CARD ON FILE.
- **Privacy:** I understand that the Childcare program adheres to the privacy policy of the Childhood Connections Okanagan Family & Childcare Society and follows responsible information for handling practices and privacy laws for the protection and safeguarding of information.
- **Cancellation & Refunds:** Upon receipt of this registration, payment will be processed, and refunds will NOT be provided in the event of cancellation or missed attendance.

I hereby agree that the above information is correct, to the best of my knowledge:

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SELECT YOUR TIME(S)

Please select the times you would like childcare. **Childcare is offered in blocks of 2 hours for \$15/hour.**

EXAMPLE: If you require childcare from 10am till 1pm please select time slots 9-11, 10-12 and 11-1.

9AM – 11AM	
10AM – 12PM	
11AM – 1PM	
12PM – 2PM	
1PM – 3PM	
2PM – 4PM	

Total Number of Hours: \_\_\_\_\_ X \$15.00/hour = \$ \_\_\_\_\_ to be charged to the credit card provided.

## ACKNOWLEDGEMENT OF RISK AGREEMENT

To: Childhood Connections Okanagan Family & Childcare Society (S0013251)

(“Childhood Connections Society”)

101 – 1505 Harvey Avenue

Kelowna, BC, V1Y 6G1

I/We, the undersigned, are the parent(s) or legal guardian(s) of \_\_\_\_\_.

(the “Child”)

I/We, the undersigned, acknowledge and agree:

- To expressly understand that all the risks associated with my Child’s participation in activities, including, but not limited to risks associated with interactions with other children, playing, eating and/or sleeping in a childcare environment and sharing facilities with others, such as exposure to allergens. I recognize that minor injuries are a common and ordinary occurrence during child care activities. I have been informed and understand all rules and regulations of my Child’s participation and voluntarily choose to allow my child to participate in the activities.
- To hold harmless and indemnify Childhood Connections Society from any and all liability for any property damage and/or loss of personal property.
- This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction.
- Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Court of the Province of British Columbia.

**I/We have read and understood this agreement and am aware that by signing this agreement I/We waive certain legal rights which I/We may have against Childhood Connections Society.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WHAT TO BRING

Please bring the following:

- One diaper/pull up per hour of care, including cloth diapers.
- Wipes
- Indoor shoes with hard soles (no slippers, please)
- Water bottle
- A full change of clothes, including extra pairs of underwear for children who are potty training
- Healthy snacks (**10am** and **3pm**) and lunches (**12pm**) in labeled containers and/or lunch bags  
NO PEANUTS
- A comfort/transition object for entry into the Program and/or nap/rest times (optional)

### Snacks and Lunches

We value mealtimes as an opportunity for nourishment, rest, reflection and socialization. Please pack your child a healthy snack to enjoy during their stay! To help keep us organized, we kindly ask that you **label everything** in your child's snack bag...including containers, water bottles and the bag itself!

To keep our space food-safe and foster a sense of community, we sit down for group snack time **between 10am and 11am** in the morning and **between 3pm and 4pm** in the afternoon. Lunch takes place **between Noon and 1pm**. If you book your child in at 10am, 12pm, or 3pm, please pack them a snack or lunch!

To maintain an allergy-safe environment, we ask that you **do not pack peanuts** as part of your child's snack. Staff will be mindful of adjusting seating arrangements to ensure safety for children with food allergies and sensitivities. We like to say that we "share everything... except for snacks!" in order to ensure the safety of children with special diets, food sensitivities and allergies.

### Washroom Visits

Children are encouraged to visit the washroom every 90 minutes, tracked on a chart near the door. Please send one diaper or pull-up per hour and as many changes of clothes as you like. We are happy to take children to the washroom more frequently while they are potty training - please just let us know!

### Nap & Rest Time, by Request

Given its flexible nature, our Program does not have a set naptime. Please inform our staff at drop-off if you would like your child to nap or rest during their visit. You are welcome to bring their favorite blanket, stuffy, soother, etc. and let us know their routine. Rest times and naps are tracked on a chart near the washroom door.

### Toys from Home

Bringing small items from home can be helpful for children transitioning into the Program and for helping them feel more comfortable at naptime. Please make sure these items are labeled with your child's name. When children are engaged and play and are no longer using their "transition object", staff will return it to their cubby to make sure it goes home with you.

Please do not send your child with electronic devices