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## FORMS - COPY 1

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You will receive two copies of each form. Please fill them entirely and return one copy of each to Hirlette Bilenga. The rest of the handbook and the other copy of each form are for you to keep and refer to, might you need it.

### List of forms:

1. Registration form
2. Contract with the daycare
3. Consent form for photos/videos
4. Medication Authorization Form
5. Immunization information for Childcare

+ Please return the 3 Emergency Consent cards (with photo)

### 1. REGISTRATION FORM

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                YYYY    /    MM    /    DD

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  YYYY    /    MM    /    DD

Gender: M ☐ / F ☐

#### Parent 1

Full name: \_\_\_\_\_

Adress: \_\_\_\_\_

Telephone Numbers : Home: \_\_\_\_\_ / Work: \_\_\_\_\_

Place of work: \_\_\_\_\_

#### Parent 2

Full name: \_\_\_\_\_

Adress: \_\_\_\_\_

Telephone Numbers : Home: \_\_\_\_\_ / Work: \_\_\_\_\_

Place of work: \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**PERSONS AUTHORIZED TO DROP OFF/PICK UP THE CHILD IN CASE OF EMERGENCY**

Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**A FEW QUESTIONS**

Does the child have previous experience away from home? No ☐ Yes ☐

If yes, explain: \_\_\_\_\_

Do you think your child feels comfortable leaving parents? No ☐ Yes ☐

If yes, explain: \_\_\_\_\_

Special instructions concerning Care or Custody? No ☐ Yes ☐

If yes, explain and attach documentation 

\_\_\_\_\_

**HEALTH HISTORY & DIET**

Does the child have any known health problem or depressed immune system? No ☐ Yes ☐

If yes, explain and attach documentation 

\_\_\_\_\_

List serious diseases/surgeries that the child has had:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has he/she had any recent illness? No ☐ Yes ☐

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Any allergies? No ☐ Yes ☐

If yes, list allergies:

_____	_____
_____	_____

if yes, attach special instructions to follow in the event of an allergic reaction ⚠

What are the child's eating habits?

_____	_____
_____	_____
_____	_____

• Favorite foods:

_____	_____
_____	_____

• Strong dislikes:

_____	_____
_____	_____

### ATTENDANCE

The child will attend *Le Jardin de Basile*:

Mondays ☐  
Tuesdays ☐  
Wednesdays ☐  
Thursdays ☐  
Fridays ☐

The daily fee is \$85. The invoice will be calculated for the whole following month.

_____ Signature (Parent 1)	_____ Signature (Parent 2)
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## 2. CONTRACT WITH THE DAYCARE

⇒ I certify that I have received a copy of the Handbook for parents regarding the policies of *Le Jardin de Basile* and that I have fully read it:

Yes ☐

No ☐

Initials (Parent 1 & 2):

⇒ I am committed to respecting the policies of the daycare, and otherwise, I understand that the company *Le Jardin de Basile* could refuse my child's access to the program.

Parent 1:

\_\_\_\_\_  
NAME (in capital letters, please)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Parent 2:

\_\_\_\_\_  
NAME (in capital letters, please)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### 3. CONSENT FORM FOR PHOTOS/VIDEOS

→ I consent to my child being photographed or filmed during activities or outings of *Le Jardin de Basile*. I am of the opinion that an authorization form must be signed before anyone can use the photos or videos for promotional purposes.

Yes ☐

No ☐

Initials (Parent 1 & 2):

### 4. MEDICATION AUTHORIZATION FORM

Medication will only be administered if it has been prescribed by a registered medical practitioner and is in its original container.

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Parent's name) (Care provider's name)

to administer \_\_\_\_\_ to my child \_\_\_\_\_  
(Medication) (Child's name)

with the following instructions:

- Dosage: \_\_\_\_\_

- Time(s): \_\_\_\_\_

- Special Instructions (ie: on full/empty stomach, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent 1)

\_\_\_\_\_  
Signature (Parent 2)

### Medication log

[illegible]

## 5. IMMUNIZATION INFORMATION FOR CHILDCARE


Section 57(2) (a) of the Child Care Licensing Regulation requires licensed child care programs to have a record of each child's immunization status.

The completion of this form meets the requirement to maintain a record of children's immunization status and will assist in identifying those that may require exclusion in the event of an outbreak of a communicable disease because they are not immunized.

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY / MM / DD

→ Please choose the relevant option in the relevant column only.

Complete immunization	OR	Incomplete Immunization
<input type="checkbox"/> Record of vaccinations attached		<input type="checkbox"/> My child has had some vaccinations
<input type="checkbox"/> Record of vaccinations unavailable		<input type="checkbox"/> My child has had no vaccinations
		<input type="checkbox"/> I do not know

 If available, please attach a photocopy of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record either in English or French. Ensure your child's name and date of birth are written on each page.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent 1)

\_\_\_\_\_  
Signature (Parent 2)