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 www.pjkidsclub.com

PJ KIDS CLUB GROUP CHILDCARE REGISTRATION

NAME OF CHILD: _____
 Last name First name

CHILD'S STARTING DATE:

___/___/___
 YY MM DD

SEX:

M ___ F ___

DATE OF BIRTH:

___/___/___
 YY MM DD

Address: _____
 Postal code: _____ Phone: _____

Time		Monday	Tuesday	Wednesday	Thursday	Friday
PS/AM2	8:50/12:30					
PS/PM1	11:25/2:50					
PSAM/PM	8:50/2:50					

Person(s) with whom the child lives (adults and children): _____
 Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Phone #: _____ Cell: _____
 Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Phone #: _____ Cell: _____
 Work phone: _____ Days/hours of work: _____ E-mail: _____

ALTERNATE PICK UP/DROP OFF/EMERGENCY CONTACTS

Name: _____ Phone #: _____ Cell: _____		
Work phone: _____ Days/hours of work: _____ E-mail: _____		
Name: _____ Phone #: _____ Cell: _____		
Work phone: _____ Days/hours of work: _____ E-mail: _____		
Name: _____ Phone #: _____ Cell: _____		
Work phone: _____ Days/hours of work: _____ E-mail: _____		
Name: _____ Phone #: _____ Cell: _____		
Work phone: _____ Days/hours of work: _____ E-mail: _____		

Has the child previously attended daycare/preschool?

YES NO Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Toileting (special words): _____

Eating/Mealtime _____

Fears: _____

Please tell us anything else you think will help us provide an enriching experience for your child:

HEALTH INFORMATION

Health professionals involved with your child , other than doctor and dentist:

NAME	PROFESSION	Phone:
_____	_____	_____
_____	_____	_____

Does your child have:

A medical condition/concern? YES NO

Allergies? YES NO

Asthma? YES NO

Has your child had a seizure in the past year? YES NO

Does your child require a special diet related to a medical condition? YES NO

Food sensitivities? YES NO

List all prescription and "over the counter" medications your child receives:

Medication Times Given Reason for Medication

This health information may be made available to the staff of Vancouver Coastal Health. Vancouver Coastal Health may ask you to complete additional forms if you answered yes to any of the above.

Custody agreement	YES	NO	Provided to the facility	YES	NO	N/A
Immunization records provided	YES	NO				
Information provided by:						
Date:	___/___/___	_____	_____	_____	_____	_____
	YY	MM	DD	Name	Signature	
Information received by:						
Date:	___/___/___	_____	_____	_____	_____	_____
	YY	MM	DD	Name	Signature	

IMPORTANT: PJ Kids Club is a non profit organization, and we need parent volunteers that can help with the operations of the center. In which areas of your expertise would be available to help us? Computers, Advertising, Taking Decisions, Accounting, or simply be willing to share your ideas to serve our families better!

Place a
picture of
your child

CHILD CARE EMERGENCY CONSENT FORM

CHILD'S NAME: _____ BIRTHDATE: _____
SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK _____

EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

CONSENT

1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.

2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.

3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.

4) I hereby give consent for my child named above to receive medical treatment.

DATE SIGNATURE OF PARENT / GUARDIAN

WITNESS

CCFL3, Rev 04-2009

Provided by VCH - Community Care Facilities Licensing

Parent/Family Handbook Agreement

(please detach and return completed)

I/We (the undersigned) have read the parent handbook for PJ Kids Club (the Centre) and understand all the information, policies and procedures outlined in the handbook. We (the undersigned) have also been informed upon registration that this parent's guidelines can be found on the Centre's website at www.pjkidsclub.com.

By signing this agreement we consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures. By signing this agreement we acknowledge that the information supplied in the registration form regarding our child(ren) and the information supplied below is true and accurate to the best of our knowledge.

By signing this agreement we also consent to pictures being taken of our child(ren) for the Centre photo album(s) and to be shared in the online private Facebook page or in our website (If you'd like your child's pictures removed after you leave the Centre please inform the Centre and that can be arranged)

Parent /Guardian Name

Parent/Guardian signature

Parent /Guardian Name

Parent/Guardian signature

Date _____

Immunization Information for Child Care

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. To be completed by Parent/Guardian of:

Child's Name

Date of Birth

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- 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 any language.

Ensure your child's name and date of birth are written on each page.

Parent/Guardian Printed Name

Date

Parents signature required