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www.pjkidsclub.com

### SCHOOL AGE PROGRAMS REGISTRATION.

NAME OF THE CHILD: \_\_\_\_\_

CHILD'S STARTING DATE: \_\_\_/\_\_\_/\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ GRADE: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

		Monday	Tuesday	Wednesday	Thursday	Friday
BSC	7:30-9:00					
ASC	3:00/6:00					
CAMPS						

#### Parent(s) / guardian(s):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work #: \_\_\_\_\_ Days of work: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work #: \_\_\_\_\_ Days of work: \_\_\_\_\_

#### If appropriate, list an English-speaking contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### ALTERNATE PICK UP/DROP OFF/EMERGENCY CONTACTS

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Has the child previously attended daycare?

YES NO Comments: \_\_\_\_\_

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

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

**Does your child have:**

A medical or behavioural condition/concern? For example, does your child wanders, leaves the group, frequent nose bleeds, anger, etc. YES NO

If yes, please provide further information:

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Allergies? YES NO

If yes, please provide further information:

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Asthma? YES NO

If yes, please provide further information:

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

If yes, please provide further information:

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

If yes, please provide further information:

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Food sensitivities? YES NO

If yes, please provide further information:

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

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Custody agreement	YES	NO	Provided to the facility	YES	NO	N/A
Immunization records provided	YES	NO				
<u>Information provided by:</u>						
Date:	___/___/___	Name	_____	Sign.	_____	<u>Information received</u>
by:	_____					

**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!

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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**

Please attach  
child's photo  
to this form.

# 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

Parent/Guardian Signature  
May

## PJ Kids Club Risk Consent Form

As the parent/guardian of a child under the care of PJ Kids Club, you ARE aware that your child will be invited to participate in some activities and field trips during the school year and camps. Should there be any specific activities that you do not wish your child to participate in, you must identify those activities in writing to the Director of the Centre. Participation in day trips and activities outside of the Centre involve certain risks, dangers and hazards to the participants. PJ Kids Club staff members endeavor to instruct, protect, and care for your child/charge to minimize or eliminate such risks during these activities. This may include making decisions regarding the medical care of your child. To help ensure the safety of their child, parents and guardians are expected to update their child's medical information as necessary. Failure to update medical information may result in the student not being allowed to fully participate in activities.

Staff members accompanying off campus activities bring a cell phone for emergency contact, a roster of all students under their care, a supplemental list of students who have serious medical conditions, and a first aid kit to deal with minor injuries. All staff members also have First Aid certification. Your child will be expected to listen to and adhere to any rules, instructions, directions, request, or advice given by authorized PJ Kids Club staff, with the understanding that it is in the best interest of all participants. Therefore, your child will be expected to act responsibly and show respect and care for themselves and for others during these activities. Safety Measures taken:

- The caregiver always carries a cell phone.
- The caregiver carries a First Aid Kit on all outings.
- The staff have valid First Aid Certification.
- The staff carries a roster of children's contact information and medical contacts on all outings.
- The teacher-child ratio is in accordance with the childcare regulations.
- PJ Kids Club follows Ecole Pauline Johnson playground rules.

### Parent/Guardian Acknowledgement of Risk Form:

a) Consent to the student participating in all of the activities listed as well as other activities that **do not** pose more risk than the ones already outlined.

b) Recognize and understand the inherent risks associated with these types of activities including but not limited to the hazards of vehicle travel, accident/illness another circumstances beyond the control of PJ Kids Club employees, related parties and agents.

c) Authorize PJ Kids Club staff to consent to medical treatment for the student by any qualified medical practitioner as may be necessary in the event of an emergency.

d) I understand that if my child's behaviour is deemed inappropriate, parents will be contacted and an appropriate consequence will follow.

### Swimming Ability:

Non-swimmer      Beginner      Confident swimmer

My child / charge will NOT participate in the following activities listed below:

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Please communicate with PJ staff if your child is not attending a PJ Kids Club sponsored activity. Note that PJ Kids Club may not be able to provide alternate activities for your child.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Updated July 2024

## Parent/Family Handbook Agreement

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](http://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)

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**Parent /Guardian Name**

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**Parent/Guardian signature**

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**Parent /Guardian Name**

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**Parent/Guardian signature**

**Date** \_\_\_\_\_