

**South Okanagan Quality Childcare  
Little Wonders Childcare  
REGISTRATION FORM**

**CHILD'S INFORMATION:** Date of Enrollment \_\_\_\_\_

Start Date: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

Immunizations Up to Date: YES\_\_\_NO\_\_\_ Not Immunized \_\_\_

Medical Problems or Concerns (Including Disabilities): \_\_\_\_\_  
\_\_\_\_\_

Allergies or Special Dietary Requests: \_\_\_\_\_  
\_\_\_\_\_

Significant Changes in the Last Year: \_\_\_\_\_

**PARENT'S INFORMATION:** Email : \_\_\_\_\_

Custody Agreement: YES\_\_ NO\_\_  
(If yes, copy **MUST** be attached before child can attend)

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Co-Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACTS:**

(Excluding parents of child. Called if parents are unavailable. Also authorized to pick up children.)

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

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

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

**PEOPLE AUTHORIZED TO PICK-UP MY CHILD FROM THE DAYCARE:**

(Excluding parents and emergency contacts if necessary.) IN ADDITION TO EMERGENCY CONTACTS

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

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

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

**Persons not permitted access to my child:** \_\_\_\_\_

I give permission to the staff of Little Wonders to take a photograph or digital image of my child to comply with licensing regulations. I understand that this photo will be kept in my child's file or on their emergency card only.

**YES**  **NO**

If "NO" you must submit a picture for their file in order for us to comply with licensing regulations.

I give permission to the staff of Little Wonders to take photographs or digital images of my child for bulletin boards used in the classroom.

**YES**  **NO**

I give permission to the staff of Little Wonders to take photographs or digital images of my child for advertizing or promotional purposes.

**YES**  **NO**

All information is kept confidential. Please use the bottom of this form to write down any special likes and dislikes, security items, fears, or anything at all you would like the caregiver to know about your child. This will help the caregiver better understand your child.

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Manager Signature)

\_\_\_\_\_  
(Date)

Little Wonders Childcare  
Contract

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

This contract is for the care of the above-mentioned child.

**My child will attend the following days and hours, unless otherwise discussed with the caregiver:**

I have agreed to pay:

- \$850.00 Full time preschool and Daycare (800.00 if paid by the 1<sup>st</sup>)  
Full time – 8:00 to 5:30, Monday to Friday over 3 years
- \$900.00** Full time preschool and Daycare (850.00 if paid by the 1<sup>st</sup>)  
**Under 3 years old**
- \$48.00 Per full day (booked in advance)
- \$9.00 Per hour (hourly rate)

**PLEASE NOTE: Full time children take precedence over part-time or drop in**

I understand that I will not be reimbursed for any day my child did not attend daycare that month. This includes Statutory holidays and school closures for that month, such as Christmas or Easter.

**No refunds are given for absences due to family Vacations, illness, or legal holidays, or school holidays (such as Christmas or Easter)**

I agree to renew my subsidy contracts on time (if applicable). I also agree to pay in advance for care and if I receive subsidy, I understand that I will be reimbursed after the daycare receives the payment.

**I have agreed to pay my total monthly fee, due on the first of each month. I understand that payment is by post dated cheques or cash. *(Please make cheques payable to South Okanagan Quality childcare.)* I will receive a receipt upon payment of my bill. I also agree that if I do not pay in advance by the fifth of the month I will be responsible for full payment with no discount. After the 10<sup>th</sup> I will be assessed a 10 % late fee and my child will not be permitted to attend until my fees are paid. I further understand that if payment is not made in full by the 15<sup>th</sup> of the month, that my child will no longer be able to attend and his/her spot will be taken by a child on the daycare waiting list.**

**Parent signature: \_\_\_\_\_**

If my child is going to be absent for any reason during any time period, I agree to inform the Daycare in advance, giving as much notice as possible.

I understand that during the trial period of four (4) weeks, no notice is required to terminate care. I agree to give two (2) weeks notice after this trial period if I am going to terminate the service. I understand that this is the same procedure the Daycare will follow if they are to terminate care. If I have prepaid with post dated cheques, I will be reimbursed all except the current month.

If I realize I am going to be late on any day, I will call the Daycare as soon as possible. I understand that if I am in excess of 10 minutes late, I will be charged \$1.00 for every minute or part thereof that my child is still at the Preschool. I also understand that if I am in excess of 30 minutes late, and I have not phoned, or could not be reached by the caregiver, he/she will phone my emergency contacts to come get my child. If they

cannot be reached, I understand that the caregiver will phone the Ministry for Children and Families to come pickup my child.

I understand that the Daycare cannot allow my child to be sent home in a taxi, or to walk home. I understand that my child MUST be picked up by myself, the staff of Little Wonders or an authorized person who is named on my child's registration form.

I understand that if I am under the influence of drugs or alcohol when picking up my child, the caregiver will offer to phone a taxi or find a designated driver to get the child and myself home safely. If I refuse, and insist on driving home, I understand that the caregiver is legally responsible to phone the local police and report my license plate number, direction of travel and also phone the Ministry for Children and Families. If an authorized pickup person is under the influence when coming to pick up my child, I understand that the caregiver will phone me and ask that I come pick up my child.

I understand that when I am dropping my child off, I am to be on time. If I am going to be late, I will call the Daycare to let them know. I understand that this is because the Daycare may have an activity or an outing planned for this day, and if I am late, it will inconvenience the Daycare and other children.

I understand that The Seven day Adventist school is a non-smoking premise. All cigarettes must be put out before entering the School property.

I agree not to send my child to Daycare when he/she has anything contagious, other than a cold, until he/she has been on antibiotics for at least 24 hours. I also will not send him/her when he/she has had a fever, diarrhea, or has thrown up within the last 12 hours. I understand that I need to contact Little Wonders as soon as possible if this happens and my child is supposed to be attending within the 12 hour time span. I will also inform Little Wonders if he/she has come in contact with a communicable disease.

In case of emergency, such as a reportable accident or illness, I authorize Little Wonders to contact my child's doctor and/or ambulance, if necessary, if I cannot be reached immediately. I will accept responsibility for the ambulance expense.

I understand that if my child receives an injury that requires medical attention, either during or after Daycare hours, the caregiver must complete and submit an Incident Report to the licensing officer. Therefore, I must contact the Daycare even if my child requires medical attention after Daycare from an injury that occurred that day while in care.

I authorize Little Wonders to administer to my child, if I have signed the agreement, ONLY medication as prescribed by my child's physician or myself, and provided in the original container.

I give permission for my child to participate in spontaneous walks, trips to the park and/or library with the Daycare. I understand that if the caregiver is out with the children, there will be a sign on the door, and I may contact the caregiver on the program cell phone to find out where they are. If other outings are planned, such as field trips, a consent form will be provided by the caregiver for me to sign. I agree to make sure my child is dressed appropriately for the weather and/or field trips.

I understand my child must be in the process of being potty trained before attending Little Wonders Daycare and will send extra clothes and pull ups if needed.

I have read and agree to this information, as well as the information in the Parent Handbook. I will notify the caregiver immediately if there are to be any changes.

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Manager Signature)

\_\_\_\_\_  
(Date)

LOTION APPLICATION CONSENT FORM

**SUNSCREEN**

I hereby consent **Little Wonders** to apply \_\_\_\_\_ Any \_\_\_\_\_  
(Caregiver) (Name of Sunscreen)  
to my child \_\_\_\_\_ as deemed necessary during my child's attendance  
(Child's Name)  
in the facility.

\_\_\_\_\_  
(Parent Signature) (Date)

---

**In addition** to the above consents, I further agree to supply my own lotion if I have chosen a specific brand. I will provide a brand that is clearly labeled with my child's/children's first and last name(s).

\_\_\_\_\_  
(Parent Signature) (Date)

---

**No, I do not want sunscreen applied to my child**

\_\_\_\_\_  
(Parent Signature) (Date)

\_\_\_\_\_  
(Manager Signature) (Date)

**Donations of Sunscreen and Kleenex are greatly appreciated.**