

Christopher Robin's Playhouse & Childcare Centre Child Profile/Emergency Information 2018-2019 School Year

General Information:

First name(s) of child: _____ Last name of child: _____
Name child prefers: _____ Circle: Male/Female
Birthdate: DAY/MONTH/YEAR Age as of Sept. 1st, 2018: _____ Weight: _____ lbs. Height: _____ in.
Home address: FULL PHYSICAL ADDRESS REQUIRED City: _____ Postal code: _____
Home phone number: _____ - _____ - _____

Child's shoe size: _____ Last swim level completed: _____ Facility obtained: _____
Languages spoken at home: _____

Parent/Guardian Information:

Child resides with: (please circle) Mother Father Both Other: _____

Parent/Guardian #1:

First & Last name: _____
Relationship to child: _____
Home address: IF DIFFERENT FROM ABOVE
City: IF DIFFERENT Postal code: IF DIFFERENT
Home phone: IF DIFFERENT FROM ABOVE
Business phone: _____
Cell phone: _____
Email: _____
Authorized to pick child up? Yes No

Parent/Guardian #2:

First & Last name: _____
Relationship to child: _____
Home address: IF DIFFERENT FROM ABOVE
City: IF DIFFERENT Postal code: IF DIFFERENT
Home phone: IF DIFFERENT FROM ABOVE
Business phone: _____
Cell phone: _____
Email: _____
Authorized to pick child up? Yes No

Are there any divorce, separation, custody issues or court orders in place? Yes No

If so, please provide the program with a copy of any court orders or documents

Is there anyone not allowed accessing the child? Yes No

If so, name of person(s): _____

Emergency Contact:

Physical Address must be filled out. Parents are considered first contacts/must be someone other than anyone listed above.

First & last name: _____ Address: FULL PHYSICAL ADDRESS REQUIRED
City: _____ Postal code: _____ Relationship to child: _____
Home telephone: _____ Bus. or cell phone: _____
Authorized to pick child up? Yes No

To whom, other than yourself and those listed above may your child be released?

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Emergency/Medical Information:

Doctor/Clinic Name: _____ Telephone: _____
Address: _____ FULL PHYSICAL ADDRESS REQUIRED City: _____ Postal code: _____
Child's AHC #: _____ Is your child immunized? Yes No

Does your child have any medical conditions, or have they had any major surgeries, or injuries that could effect participation in the Program? Yes No **If so, please describe below:**

Does your child have any allergies? Yes No **If so, please indicate below:**

| Allergy/Sensitivity: | Reaction: | Treatment: | Last Known Date of Reaction & Treatment: |
|----------------------|-----------|------------|--|
| | | | |
| | | | |
| | | | |

Does your child have any special needs, fears or requirements that we should be aware of to better care for your child? Yes No **If so, please describe. (Please send copies of your child's IPP or any strategies or speech/OT documents that we may find helpful)**

Does your child have any medication that has to be administered by our staff during Program hours? Yes No

Does your child have any medication that has to be administered by themselves during Program hours? Yes No

***If you answered yes to either of these questions, please ensure you fill out a Medication Sheet or Self Administering Medication Sheet.**

I believe that the information contained in this Child Profile is accurate and up to date. I understand that I am responsible for informing Christopher Robin's regarding any changes that might affect my child's care.

Signature of Parent or Guardian

Date Signed

Christopher Robin's Playhouse & Childcare Centre

Parent Agreements 2018-2019 School Year

Parent/Guardian **MUST** initial the following agreements and sign below indicating your consent:

-----^{INITIAL} I have read and understand the Policies & Procedures as stated in the Parent Handbook and give permission for CRPACC to care for my child & allow my child to play with the toys/materials in the Program.

-----^{INITIAL} I have read and understood the Outdoor, Clothing/Personal Items & Hats/Warm Clothing policies and agree to these terms. I understand that my child requires a hat everyday (sun or winter) and appropriate clothing at all times. I understand CRPACC has the right to refused care if these items are not brought everyday.

-----^{INITIAL} I give permission for my child to engage in outdoor activities & play at the Elizabeth Barrett School Playground & school field area or go on a nearby hike/walk to Cochrane Ranch under the direct supervision of CRPACC Staff.

-----^{INITIAL} I give permission for my child to engage in outdoor "risky play" as outlined in the Parent Handbook. This includes but is not limit to play such as moving larger nature items, balancing, climbing, hiking, water play in nearby creeks or streams and fort building.

-----^{INITIAL} I give permission for the staff of CRPACC, to apply sunscreen & bug spray to my child at the Staff's discretion.

-----^{INITIAL} I give permission, in a medical emergency for Staff to administer any necessary First Aid and to call for emergency transportation at the Program's discretion. Any costs endured will be my full responsibility.

-----^{INITIAL} I understand CRPACC is a peanut-free facility due to the large numbers of children with allergies, and agree to not send peanut containing food products with my child.

-----^{INITIAL} I have read and understood and the Child Guidance Policy as well as the Behaviour Policies & Procedures as stated in Parent Handbook, and agree to these terms & conditions.

-----^{INITIAL} I have read and understood the Termination by the Program & Termination by the Parents/Guardian Policy as stated in the Parent Handbook and agree to these terms. I also understand that there is a one-month probationary period in which care may be terminated if the Program feels is best for my child/children or others in the Program.

-----^{INITIAL} I understand that if my child is picked up after 6:00pm or after 3:30pm for Kindercare only, I will be subject to a late fee of \$1.00 per minute payable directly to the staff having to remain in the Centre with my child.

-----^{INITIAL} I give my child permission to have his/her photograph/film taken by the staff of the program. These photographs/films may be used for the Program's display only. (Facebook, website, advertising etc.) If the program wants to use any photograph/films for educational information or newspaper human-interest stories, that I will be notified and permission will be needed for such use.

Signature of Parent or Guardian

Date Signed

Christopher Robin's Playhouse & Childcare Centre 2018-2019 School Year Information & Transportation Agreements

Name of Child: _____ School: _____

Grade for Current School Year: (please circle) K 1 2 3 4 5 6

Name of Teacher : _____ If Kindergarten: AM Class PM Class Full Days

Time School Starts: _____ Time School Ends: _____ Ends Friday: _____

Will your child ever ride the school bus to or from school? No Yes If so, bus number: _____ bus route: _____

Days Child Will Be Attending CRPACC (please check)

| | | | |
|-----------|----------------------------------|-------------------------------------|----------------------------------|
| Monday | <input type="checkbox"/> AM CARE | <input type="checkbox"/> KINDERCARE | <input type="checkbox"/> PM CARE |
| Tuesday | <input type="checkbox"/> AM CARE | <input type="checkbox"/> KINDERCARE | <input type="checkbox"/> PM CARE |
| Wednesday | <input type="checkbox"/> AM CARE | <input type="checkbox"/> KINDERCARE | <input type="checkbox"/> PM CARE |
| Thursday | <input type="checkbox"/> AM CARE | <input type="checkbox"/> KINDERCARE | <input type="checkbox"/> PM CARE |
| Friday | <input type="checkbox"/> AM CARE | <input type="checkbox"/> KINDERCARE | <input type="checkbox"/> PM CARE |

Will your child require vehicle transportation to and/or from school from our Program? Yes No

If so, please check: To School From School Both

Does your child currently sit a child safety seat? Yes No

If so, what kind? 5-point harness High Back booster No back Booster

I, _____ parent of _____, give my permission, for CRPACC to provide transportation for my child to and or from my child's school or in case he/she misses the bus to and or from the Program. I understand that an approved Staff member of CRPACC with current First Aid-CPR Training will transport my child using the appropriate safety restraints as indicated above. I also understand that if my child meets the requirements to ride without child safety restraints that he/she will be in a seat belt restraint only.

Signature of Parent or Guardian

Date Signed

Parent Check List for 2018-2019 School Year Registration: (please check)

- I have received an orientation/tour of the Program from the Director or Staff or I am a returning client
- I have received a copy of the Parent Handbook and agree to the Programs Policies & Procedures
- I have completed this Child Profile/Emergency Information Form (pages 1-4)
- I have completed the Child/Family Questionnaire (first year of enrolment only)
- I have completed the Monthly Fee Schedule & Agreements in the Registration Package
- I have completed the Pre-Authorized Debit Contract and enclosed a cheque equivalent to one month's fees and a void cheque or a Direct Deposit Form from my financial institution.