

**YCS LICENSED CHILD CARE PROGRAMS - REGISTRATION FORM**

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**Program attending:** -----

**Child information**

**Photograph of child**

Name: -----

Birth date: -----

Name parent/guardian: -----

Home address: -----

Best contact #: -----

Email address: -----

First date of attendance: -----

Last day: -----

Language spoken at home: -----

Heritage: -----

Eye colour: ----- Hair colour: -----

Height: ----- Weight: -----

Identifying marks: -----

**In an emergency, if staff can't reach the parent/guardian, listed above, we will contact:**

1. Name: ----- Phone #: -----

Address: ----- Relationship: -----

2. Name: ----- Phone #: -----

Address: ----- Relationship: -----

3. Name: ----- Phone #: -----

Address: ----- Relationship: -----

**Emergency health information for this child:**

Doctor: ----- Phone: ----- Address: -----

Dentist: ----- Phone: ----- Address: -----

Other: ----- Phone: ----- Address: -----

BC care card #: ----- Insurance plan: -----

Is child fully immunized? ----- List any illnesses: -----

**Who lives at home with your child (include pets if you wish!):**

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-----  
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**In an emergency we may need to leave a message with someone who lives out of our area. Who would you like us to phone?**

Name: ----- Phone #: -----

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**Getting to know your child.** Does your child.....

- Have any vision problems? ----- Have any hearing problems? -----
- Have any allergies? ----- Have any speech problems? -----
- Take medication? ----- Have any food dislikes? -----
- Have any health issues? ----- Have any developmental delays? -----
- Have any behavior issues? ----- Benefit from extra support? -----

**A little more about your child.....**

- My child likes to eat: -----
- My child sleeps: -----
- My child is afraid of: -----
- My child laughs when: -----
- My child lets me know he needs the toilet by: -----
- My child likes to play with: -----
- My child has difficulty: -----
- More information I would like to share with the program about my child: -----
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**Please list anyone who is not allowed to have contact with your child. A copy of the relevant court order or separation agreement must be provided for your child's file.**

- 1. Name: ----- Relationship to child: -----
- 2. Name: ----- Relationship to child: -----

**Emergency consents and permissions for my child, please choose yes / no**

- 1. Staff may phone for an ambulance if my child needs medical assistance: -----
- 2. In an emergency staff may transport my child in their vehicle or public transport: -----
- 3. My child may have their photograph taken: -----  
If yes, please check one to indicate how we may use the photo
  - a. In our programs, on the YCS website, in the newspaper and to advertise our programs
  - b. In the program only
- 4. Staff may apply a factor 25+ sun screen to my child's skin on sunny days: -----
- 5. My child may participate in spontaneous neighborhood walks: -----
- 6. Staff may share information with my child's school teacher: -----
- 7. My child may leave the after school program to walk home independently at: -----

**By signing below, I agree that I understand the emergency permissions above and all information on this form is up to date. I know my child may only attend the program if they are healthy.**

**Parent name:** ----- **Parent signature:** -----  
**Date:** ----- **Staff signature:** -----