

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

---

**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!):**

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

**In an emergency local phone lines may be out of action/overwhelmed. Long distance calls are sometimes easier. If we need to leave a message out of our area, who would you like us to phone?**

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

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

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 initial and choose yes / no**

1. Staff may phone for an ambulance if my child needs medical assistance:  yes  no \_\_\_\_\_
2. In an emergency staff may transport my child in their vehicle or public transport:  yes  no \_\_\_\_\_
3. My child may have their photograph taken:  yes  no \_\_\_\_\_  
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:  yes  no \_\_\_\_\_
5. My child may participate in spontaneous neighborhood walks:  yes  no \_\_\_\_\_
6. Staff may share information with my child's school teacher:  yes  no \_\_\_\_\_
7. My child may leave the after school program to walk home independently at:  yes  no \_\_\_\_\_

**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: \_\_\_\_\_