



# IRWIN PARK TREE HOUSE REGISTRATION FORM

2455 Haywood Avenue, West Vancouver, B.C. V7V 1Y2

Phone: 604 926 4080 E-mail: [irwinparktreehouse@gmail.com](mailto:irwinparktreehouse@gmail.com)

**Please indicate which program and days...**

September to June Year \_\_\_\_\_ First Month's Fee Rec'd \_\_\_\_\_ Post Dated Cheques Rec'd \_\_\_\_\_

AM Preschool (8:50am-11:50am) M/\_T/\_W/\_TH/\_F/\_ AM Preschool w/lunch (8:50am-12:50pm) M/\_T/\_W/\_TH/\_F/\_

PM Preschool w/lunch (11:50am-2:50pm) M/\_T/\_W/\_TH/\_F/\_ Extended Preschool (8:50am-2:50pm) M/\_T/\_W/\_TH/\_F/\_

Before School (7:30am-8:50am) M/\_T/\_W/\_TH/\_F/\_ After School (2:50pm-6pm) M/\_T/\_W/\_TH/\_F/\_

**The following information for each child must be obtained before a child receives care:**

Name of Child \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthdate D/\_\_\_M/\_\_\_Y\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ P.C. \_\_\_\_\_

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell # \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian (if different from above) \_\_\_\_\_

Home Address \_\_\_\_\_ P.C. \_\_\_\_\_

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell # \_\_\_\_\_ (W) \_\_\_\_\_

Do you object to your phone information or e-mail address being included on a class list for distribution to other parents?

Please circle one YES NO

Do you object to your child's photo being included on our website, displays or advertisements (No names are included)

Please circle one YES NO

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Office address \_\_\_\_\_ Care Card# \_\_\_\_\_

**Emergency Contacts; I hereby authorize the following people to pick up my child from Tree House**

\_\_\_\_\_

\_\_\_\_\_

(name) (phone) (relationship to child)

Signature of Parent or Guardian \_\_\_\_\_ enrollment date \_\_\_d/\_\_\_m/\_\_\_y

Has your child had previous experience away from home? YES\_\_\_\_ NO\_\_\_\_

If yes, please explain \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Any health problems or developmental concerns (i.e. Vision, hearing, speech?)

No \_\_\_\_ Yes \_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? YES\_\_\_\_ NO\_\_\_\_ If yes please describe:

\_\_\_\_\_

\_\_\_\_\_

Please describe and or attach any special instructions and or procedures to follow in the event of an allergic attack.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tree House provides a snack for each session that will include water, a fruit or vegetable and a carbohydrate is the usual, are there any special instructions regarding food we should be aware of?. i.e. allergies, religious, ethnic or vegan

\_\_\_\_\_

**Section A:** To be filled out for the Preschool programs only:

Special comment or instructions for the teachers:

\_\_\_\_\_

\_\_\_\_\_

Describe your child's toileting routine, words used, assistance required:

\_\_\_\_\_

## Parent Contract

### Withdrawal of Childcare Services

- 1) Failure to work with Tree House Staff to meet the needs of one's child i.e. failure to pick up a sick child from Tree House within 90 minutes of the placed call.
- 2) Continual aggressive behaviours; biting, hitting, punching, etc.
- 3) Breakdown of Parent / Teacher relations
- 4) Unpaid fees, consistent late payments

## Agreement

I \_\_\_\_\_ have read the above parent contract and the Parent Handbook (available on our website). I agree to the terms set out by the facility and I agree to pay the monthly fees by way of 9 post-dated cheques (October to June) dated the first of each month or via e-transfer on the first day of each month. I also agree to pay the non-refundable September fees at the time of my child's registration. A Parent or Guardian of my child will attend the Annual General Meeting held in October.

I understand that the Out of School Care fees set out at the beginning of the year do not include extra hours for early dismissal, Winter, Spring and or other school Break programs and Professional Day Programs.

And/or

I understand that the Preschool fees are already adjusted to reflect disruptions due to School Aged Professional Days and Breaks.

I agree that the class contact lists are to be used for social contacts, not as a way to solicit business or for other agendas.

Parent /Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Some things we would like you to know:**

Tree House has children in attendance from 7:30am until 6pm. Our programs run back to back and we ask all families to adhere to our drop off and dismissal times. This helps the staff maintain a safe environment for your child / children.

We do not have a separate room or extra teachers to tend to a sick child. Please do not bring your child if they are not well. If they become sick whilst at Tree House, we will contact you immediately to make arrangements to have your child picked up within 30 minutes.

Please notify us if your child will not be attending.

Tree House now has an Emergency Preparedness Kit sufficient to care for up to 30 students and teachers for a period of three days (as in accordance with Licensing Requirements) stored on site. The kit includes, water, food, emergency lights, blankets and your child's emergency information.

Your child will be assigned a cubby or mailbox, where you can store spare clothes. You will also find newsletters and art work etc. for you to pick up. Please check them weekly.

Thank-you for choosing Tree House!

**PERMISSION SLIP FOR FIELD TRIPS/ EXCURSIONS**

On special occasions during the year, the Tree House offers field trips and excursions to different destinations. We believe this enhances the learning experiences for our children.

In order to do this, we are required to have on file permission forms the parents or guardians have completed that allows your child to join us on these outings.

Please complete and sign this form. It will be kept on file in our office.

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I give permission to allow my child \_\_\_\_\_ to accompany the teachers of Irwin Park Tree House on any field trips/outings that take place during the year.

Parent/ Guardian name: (Please print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please insert a clear photo of your child's face	Name _____ date of birth d/m/y _____
	Address _____ Home Phone _____
	_____ Allergies _____
	Mother's name _____ cell# _____
	Father's name _____ cell# _____
	Doctor _____ # _____
	Care Card # _____
	Alternate contact _____ # _____
	Date _____ Alternate contact _____ # _____
	Out of Area Contact _____ # _____
Special conditions _____	
Parent/ Guardian signature _____	

**Tree House Consent Form, for Medical Attention**

If a child should require medical attention, our procedure is as follows. To the best of our ability assist the child, notify a parent and call for immediate help for your child. On rare occasions, if we cannot contact a parent, we need to have this signed consent form on file so that we can take appropriate action on behalf of your child. This form will come with your child to the clinic or emergency room, giving us permission to seek help for them.

My child's name \_\_\_\_\_

Care Card # \_\_\_\_\_

I authorize the staff or person in charge of IRWIN PARK TREEHOUSE to call a physician; take my child to the nearest emergency centre; or call an ambulance for emergency medical aid; should the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I understand I shall be notified as soon as possible. I agree that any cost incurred for such service shall be the sole responsibility of myself.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

## 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