

# Irwin Park Tree House REGISTRATION Form:

<b>OFFICE USE ONLY:</b>	
PAID Deposit:	<input type="checkbox"/>
PAID Admin Fee:	<input type="checkbox"/>
Entered in QB:	<input type="checkbox"/>



CHILDS START DATE:    /   /     
 MM DD YYYY

Gender : M  F

DATE OF BIRTH:    /   /     
 MM DD YYYY

**NAME OF CHILD:** \_\_\_\_\_  
 (Surname) (Given Names) (Also Known As)

Name the child responds to: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ (xxx xxx) Phone: \_\_\_\_\_ (xxx-xxx-xxxx)

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

**Parent(s) / Guardian(s):**

Name(1):	Home Phone:	Cell Phone:
Work Phone:	Day/Hrs of Work:	E-Mail:
Name(2):	Home Phone:	Cell Phone:
Work Phone:	Day/Hrs of Work:	E-Mail:

**Person(s) Authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (Include Mother / Father/ Guardian):**

<b>Name(1):</b>	Relationship to Child:
H Phone:	Cell:
<b>Name(2):</b>	Relationship to Child:
H Phone:	Cell:
<b>Name(3):</b>	Relationship to Child:
H Phone:	Cell:
<b>Name(4):</b>	Relationship to Child:
H Phone:	Cell:

Irwin Park Tree House  
 2455 Haywood Ave.  
 West Vancouver, B.C.,  
 V7V 1Y2

P: 604.926.4080  
 E: irwinparktreehouse@gmail.com  
 Web: irwinparktreehouse.com

# Irwin Park Tree House REGISTRATION Form:

## Has the Child previously attended daycare/preschool?

YES  NO  Comments: \_\_\_\_\_

## Comments/Instructions to help us care for your Child. (Please feel free to add additional pages.):

Toileting/Diapering (special words):

Eating/Mealtime (incl. food likes/dislikes):

Fears:

## Please tell us anything else you think will help us provide an enriching experience for your child:

## HEALTH INFORMATION:

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	CONTACT NUMBER
1.		
2.		
3.		

## **Does your child have:**

A Medical condition/concern? YES  NO  If Yes, please provide further information:

Allergies? YES  NO  If Yes, please provide further information:

Asthma? YES  NO  If Yes, please provide further information:

Has your child had a seizure in the past year? YES  NO  If Yes, please provide further information:

Does your child require a special diet related to a medical condition? YES  NO  If Yes, please provide further information:

Food sensitivities? YES  NO  If Yes, please provide further information:

Developmental Concerns? (ie. Speech, vision, motor skills) YES  NO  If Yes, please provide further information:

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# Irwin Park Tree House REGISTRATION Form:

Please LIST all prescription and “over the counter” medications your child receives:

MEDICATION	TIMES GIVEN	REASON FOR MEDICATION
1.		
2.		
3.		

**You may be asked to complete additional forms if you answered yes to any of the above.**

The above health information may be made available to the staff of Vancouver Coastal Health (VCH).

Custody Agreement: YES  N/A  If Yes, was it provided to the facility? YES  NO  N/A

Photocopy of Immunization Records Provided to the Facility: YES  NO

**Please Indicate which program and days:**

September to June: \_\_\_\_\_(Year)

AM Early Years (3-5yrs) (8:50am – 11:50am)	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
AM Early Years <u>with</u> Lunch (8:50am – 12:50pm)	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Early Years Extended Day (8:50am – 2:50pm)	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Before School Care: 5-12yrs (7:30am – 8:50am)	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
After School Care: 5-12yrs (2:50pm – 6:00pm)	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

***To reserve your spot with us we require all forms to be completed to finalize your registration. The Deposit is used against your first months' invoice – it is \$150.00. And our one-time non-refundable administration fee is \$50.00.***

**Parent/Guardian:**

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (YY/MM/DD)

**Staff/Caregiver:**

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (YY/MM/DD)

**Office Use Only:**

Date Child leaves the facility: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YY MM DD

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# Irwin Park Tree House Emergency Contact Form

Please attach a clear photo of your child's face here

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 \_\_\_\_\_

## TreeHouse 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 \_\_\_\_\_



# Irwin Park Tree House Consent Forms

## **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.

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 files and updated yearly.

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I give permission to allow my child \_\_\_\_\_

to accompany the teachers of the Tree House on any field trips/outings that take place during the year.

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

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

Date: \_\_\_\_\_ (M/D/YY)



# Irwin Park Tree House Consent Forms

## PHOTO AND PERSONAL INFORMATION RELEASE

Do you consent to us taking your Childs' photographs? We may include it on our website as promotional content for displays or advertisements. Your Childs' name would NOT be provided.

YES \_\_\_\_\_ NO \_\_\_\_\_

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## CLASS EMAIL LIST

Do you consent to having your email on a class list? This will only be shared with other families in your attending classes if requested for organizing such things as Birthday invitations etc..

YES \_\_\_\_\_ NO \_\_\_\_\_

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## PARENT HANBOOK AGREEMENT

I \_\_\_\_\_ (your name), have read and understand the Parent Handbook (available on our website), the policies and procedures and agree to the terms set out by the facility. Parent Handbook can be accessed on the website at [www.irwinparktreehouse.com](http://www.irwinparktreehouse.com)

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

## 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