Irwin Park Tree House REGISTRATION Form:

OFFICE USE ONLY:

PAID Deposit: ☐
PAID Admin Fee: ☐
Entered in QB: ☐

Irwin Park Tree House

Date Submitted: _____

Name of Child: Surname _____ Given Name: _____

Child's Gender: Male ____ Female ____ Child's Birthdate: Month/Date/Year _____ Child's current Grade: ___

Address:_____

Postal Code:_____ Phone:_____

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

Child's first language:_____Other Languages:_____

Office Use Only:
Child start date: _____/_____/_____
Day Month Year

Parent(s) / Guardian(s):
These people are authorized to pick up the child and are the primary emergency contacts.

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

Is there any Custody Agreement related to this child: YES ☐ No ☐ If Yes, **provided to the facility?** YES ☐ NO ☐ N/A ☐

Additional Authorized Child Pick and Emergency Contacts
These people should be available during hours of care, excluding Mother, Father, and Guardian(s) listed above. Minimum two.

Name (1):		Relationship to child:		Phone Number:	
Name (2):		Relationship to child:		Phone Number:	
Name (3):		Relationship to child:		Phone Number:	
Name (4):		Relationship to child:		Phone Number:	

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:

Please Indicate which program and days:

September to June: _____(Year) Grade: _____

AM Early Years (3-5yrs) (8:50am – 11:50am)	M☐ T☐ W☐ Th☐ F☐
AM Early Years with Lunch (8:50am – 12:50pm)	M☐ T☐ W☐ Th☐ F☐
Early Years Extended Day (8:50am – 2:50pm)	M☐ T☐ W☐ Th☐ F☐

Before School Care: 5-12yrs (7:30am – 8:50am)	M☐ T☐ W☐ Th☐ F☐
After School Care: 5-12yrs (2:50pm – 6:00pm)	M☐ T☐ W☐ Th☐ F☐

HEALTH INFORMATION: (BEHAVIOUR / DEVELOPMENTAL)

Families are expected and required to provide complete, accurate, and up-to-date information regarding any factors that may affect their child's care, safety, participation, or support needs. For more information on this, please see our Inclusion Policy in the Parent Handbook.

Does your child have any behavioral or developmental concerns?

Examples may include (but are not limited to):

- Developmental delays or diagnoses
- Behavioural, emotional, or mental health concerns
- History of aggression, elopement, or safety-related behaviours
- Existing support plans or Individual Education Plans (IEPs)
- Any other information that may impact the child's participation or safety in the program

☐ YES ☐ NO - If Yes, please provide further information:

Irwin Park Tree House REGISTRATION Form:

Has your child ever received any support or assessment for development or behaviour?

Examples may include (but are not limited to):

- Therapy services or specialist involvement
- Supported Child Development (SCD) or Aboriginal Supported Child Development (ASCD) involvement
- One-to-one support requirements or recommendations

☐ YES ☐ NO - If Yes, please provide details:

HEALTH INFORMATION: (MEDICAL)

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

NAME	PROFESSION/AGENCY	CONTACT NUMBER

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

Please <u>LIST</u> all prescription and "over the counter" medications your child receives:

MEDICATION	TIMES GIVEN	REASON FOR MEDICATION

<u>You may be asked to complete additional forms if you answered yes to any of the above.</u>

- The above health information may be made available to Vancouver Coastal Health (VCH).
- Photocopy of Immunization Records Provided to the Facility: YES ☐ NO ☐

Irwin Park Tree House REGISTRATION Form:

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: _____ Manager Name: _____

Parent/Guardian Signature: _____ Manager Signature: _____

Date: _____ Date: _____

Office Use Only:

Date Child leaves the facility: _____/_____/_____
Day Month Year

Irwin Park Tree House Emergency Contact Form

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_____

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 _____

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.

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_____

_____
_____

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_____

_____
_____

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

Parent/Guardian Signature _____ Date: _____

Irwin Park Tree House Consent Forms

Consent For Communication with Irwin Park Elementary School

At Irwin Park Tree House Childcare Services (Treehouse), we are committed to supporting the safety, well-being, and successful participation of children in our Preschool and Before & After School Care programs.

Where a child is enrolled in both Treehouse and Irwin Park Elementary School, we ask that parents/guardians acknowledge and consent to Treehouse staff communicating with appropriate school personnel from time to time regarding matters that may affect the child's care, safety, well-being, development, participation, or support needs.

Such communication may include, but is not limited to:

- Attendance and transition information;
- Health, safety, or medical concerns;
- Behavioral, social, emotional, or developmental support needs;
- Individual support strategies, accommodations, or plans;
- Information necessary to promote continuity of care and a consistent approach between school and childcare settings;
- Emergency or urgent situations affecting the child's safety or well-being.

Treehouse will only share and receive information that is reasonably necessary to support the child's participation, safety, and success in the program. All information will be handled in accordance with applicable privacy and confidentiality requirements.

This consent remains in effect for the duration of the child's enrollment at Treehouse unless revoked in writing.

By signing below, the undersigned represents that they are the parent or legal guardian of the child named herein and have the authority to provide this consent voluntarily.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____