



**COMPLETE
2011
BeeHaven
Registration Package**

(includes: Child Care Registration, Parent Agreement, Sunscreen, Outings/Photo Permission, Emergency Consent, Get to Know You Questionnaire, Pick Up Consent & Parent Contract)



CHILD CARE REGISTRATION

NAME: _____ SEX: _____ BIRTHDATE: _____

PARENT/GUARDIAN: _____ PHONE: _____ FAX: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

PLACE OF WORK: _____ HOURS: _____

WORK ADDRESS: _____ PHONE: _____ FAX: _____

2ND PARENT: _____ PHONE: _____ FAX: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

PLACE OF WORK: _____ HOURS: _____

WORK ADDRESS: _____ PHONE: _____ FAX: _____

FAMILY DOCTOR: _____ PHONE: _____ FAX: _____

OFFICE ADDRESS: _____ PHN: _____

PERSON TO CONTACT IN AN EMERGENCY: _____

RELATIONSHIP TO CHILD: _____ PHONE #: _____

I hereby authorize the following people:

Name & Relationship

Phone

Name & Relationship	Phone
_____	_____
_____	_____
_____	_____

To pick up my child from: _____

Signature of Parent or Guardian: _____ Date: _____

Attach any special instructions regarding child release or visits (e.g. custody agreements, court order, etc.)

PLEASE COMPLETE ALL 3 PAGES OF FORM

SIBLINGS:

NAME	BIRTHDATE	NAME	BIRTHDATE

Has child had previous experience away from home? YES NO

If yes, explain

Sleep habits of child: Nap

Bedtime routine:

Special comments or instructions for the caregiver:

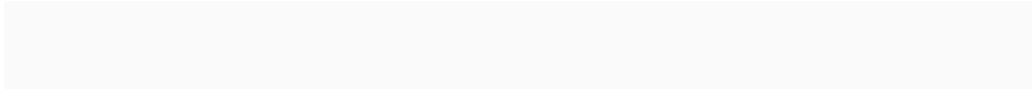
Describe child's toileting routine, words used, assistance required:

Has this child had health problems or developmental concerns (i.e. vision, hearing, or speech)? YES NO

If yes, describe:

SPECIALIST/SUPPORT WORKER: _____ PHONE: _____

List communicable diseases child has had:



Does this child have any allergies? YES NO

If yes, list foods, medications, or other:

Attach any special instructions and procedures to follow in the event of an allergic attack.

What are this child's eating habits?

(a) Favourite foods:

(b) Strong dislikes:

(c) Religious or ethnic observances:

(d) Infant/toddler feeding schedule:

Date of interview _____ Date of enrolment _____

Signature of Manager of Care _____

Signature of Parent or Guardian _____



Bee Haven Consulting Inc

Parent Agreement: Centre Copy

I/We (the undersigned) have read the parent handbook for Bee Haven Consulting Inc and understand all the information, policies and procedures outlined in the handbook.

By signing this agreement we consent to all the handbook policies and procedures and agree to them. By signing this agreement we acknowledge that the information supplied in the registration form regarding our child (ren) and the information supplied below is true and accurate to the best of our knowledge.

Child (ren) Name(s): Type

of Care: Hours of Care:

Monthly Child Care Fees:

Bee Haven Registration Package

Manager of Care: _____

Name: _____

Signature: _____

Date: _____



PERMISSION FOR SUNSCREEN APPLICATION

The employees of Bee Haven are restricted by company policy to apply sunscreen to ANY child registered and attending any of its programs. Parents are asked to apply the sunscreen prior to arrival at the center. Employees will only apply sunscreen to a child if parental permission is given.

Parents MUST supply their own labeled sunscreen for their child.

Please check to make sure that all expiry dates are current, otherwise the sunscreen may be non-effective.

CONSENT:

I _____ have read the above restrictions and ask that a Bee Haven employee apply sunscreen to my child _____.

I have checked to make sure that the expiry date is current and I give my permission to employees of Bee Haven to apply sunscreen to my child.

Parent Name Signature



PERMISSION-OUTINGS & PICTURES

Please be advised, as per Section 4(1) (b) of the Community Care and Assisted Living Act, CCFL can call for and inspect all records of a community care facility.

If the following is to take place, or be part of your program, it is recommended by North Shore, Vancouver Coastal Health, Community Care Facilities Licensing, that permission is obtained from the parent prior to his/her child's participation in these aspects of the program.

PERMISSION FOR OUTING

I hereby give my permission to Bee Haven Consulting Inc to take my child _____ for outings on foot or in the company vehicle while in their care.

Date _____

Signature of Parent or Guardian _____

PERMISSION FOR PICTURE-TAKING

I hereby give my permission to Bee Haven consulting Inc to have pictures taken of my child _____ for record keeping and publicity purposes.

(Date) _____

(Signature of Parent or Guardian) _____



EMERGENCY CONSENT

Please be advised, as per Section 4(1) (b) of the Community Care and Assisted Living Act, CCFL can call for and inspect all records of a community care facility.

It is a requirement of the Community Care and Assisted Living Act and Child Care Licensing Regulation that the licensee obtains an emergency consent form signed by a parent of each child enrolled in their licensed facility.

NAME OF PARENT(S) (GUARDIAN(S)): _____

NAME OF CHILD: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ OFFICE: _____

ALLERGIES/MEDICAL CONDITION: (Please note all medications used.)

MEDICAL PLAN NO. _____

FAMILY DOCTOR: _____ TELEPHONE: _____

PERMISSION FOR EMERGENCY MEDICAL AID IN CASE OF ACCIDENT OR ILLNESS I

hereby give my permission to Bee Haven Consulting Inc to call a physician or ambulance in the case of accident or illness of my child _____ when I cannot be immediately reached.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



Get-to-know-you-better Questionnaire

Bee Haven is fortunate to have a diverse community of families. Our staff strives to customize programming, keeping in mind the range of personalities, interests, and backgrounds of our participants. _____

All questions are optional; please help us to get to know you better!

Parent/Guardian name(s): _____

Child name: _____

1. The most important part of childhood is: _____

2. As a family, we love to spend time together doing: _____

3. Our/my child's interests or passions include: _____

4. Childcare is a great opportunity for our/my child to: _____

5. We/I hope that Bee Haven will emphasize: _____

6. Our/my child's favourite healthy snack foods: _____

7. Our/my child has been in daycare before (for how many years / not at all): _____

8. Our/my child may need special help adjusting to: _____

9. Questions, comments, suggestions, or concerns: _____



PICK UP POLICY

Pick up policy.

The following is our pick up and drop off policy. Please read carefully as it contains very important information.

I am aware that the Day Care closes at 6:00 pm. I will pick my child up before 6:00 pm. If I do not arrive before 6:00 pm there will be an overtime charge of \$1.00 per minute. There will be a five minute grace period from 6:00 - 6:05. This grace period is in effect because of a possible discrepancy in different clocks or watches.

I will call the Daycare if I am going to be late, e.g. (after my regular scheduled pick up time). I will call as a courtesy to the teachers because I understand that the scheduling of teachers is centered on the time when each child leaves. Also as a courtesy to my child because they begin to wait for me at a specified time and may become upset if I do not arrive on time. I am aware that I will not be charged an overtime fee if I pick up my child/children past my regular scheduled time, before 6:00, but only if I pick up my child/children after 6:00.

If I do not arrive at the daycare by 6:15 pm and I have not phoned the Daycare to explain I will be late, then I understand that the Day Care staff will call all the numbers on my emergency pick up list located on my registration form. If I do not arrive by 8:00 pm, and the emergency pick up list is unsuccessful, and there has still been no word from myself, then I understand it is the Day Care policy to call the Ministry of Social Services to pick up my child. I understand that the number and address of Social Services will be left on my answering machine. If I do not have an answering machine, I understand that the number and address will be left on the front door of the Daycare.

I understand the above policy

Parent/guardian signature:

Date:



PARENT CONTRACT

I agree...

- to pay a \$150 registration fee that will hold my child's space until the agreed upon start date. I understand that these fees are not refundable.

-that one month's notice will be given to the Daycare if you need to withdraw. That if this notice is not given, one month's fees will be collected.

- to pay for my monthly fee is full each month with six month's post dated cheques. Please write all cheques for the 1st of each month.

-that if a special payment arrangement needs to be made that I will inform the Daycare before the first of the month to avoid all late payment fees.

- I agree that non payment of fees or failure to inform the Day Care of a different payment arrangement may result in my child's space being terminated.

- that if my cheque should be returned by the bank that I will be charged \$25.00

- that if two cheques are returned by my bank that I will provide each month a certified cheque, money order or cash in lieu of my cheque.

- that if I pay late that I will be charged 2% daily until the payment is received.

- that after 6:00 there will be a five minute grace period but after that I will be charged \$1.00 per minute starting at 6:00 payable to the care giver attending on the same day.

- that if my child is sick, on holidays or away from the Daycare for preschool, Kindergarten or other, that full fees are still due for the day/month.

- that my child will be exposed to a large group of children. The Daycare will do everything possible to make sure the environment is clean but I am aware that they cannot protect my child from airborne viruses. Please pay close attention to the sick policy.

- to call before 8:00 am to report my child's illness or absence.

-to keep my child home for 24 hours after a fever has subsided to protect all other children and caregivers from possible communicable disease.

I agree to return to Daycare with a doctor's note if I am not observing the 24 hour guideline.

that all fee schedules include Statutory Holidays.

that the Daycare has the right to refuse care to any family. We will refuse care if we find that we are unable to care for your child or the other's in the group when your child is attending.

to provide the Daycare with all medications necessary to keep my child safe while attending Daycare.

to give one month's trial for my child to try the Daycare. I agree to commit to this one month period to allow my child time to fully integrate into the programs.

to disclose all health information regarding my child to the Daycare.

that the Daycare is not responsible for lost or damaged items brought to the Daycare including clothing.

to label all my child's belongings with his or her name.

I have read and agree to the above

Parent/guardian signature:

Date:
