

# ST. JOSEPH'S EARLY LEARNING AND CHILD CARE CENTRE

757 Burnside Rd. West, Victoria BC

V8Z 1M9

PH: (250) 479-1237

EMAIL: [sjvelc@cisdv.bc.ca](mailto:sjvelc@cisdv.bc.ca)

## REGISTRATION FORM

What program are you registering for?

**Daycare:** \_\_\_\_\_ Drop-off time needed: \_\_\_\_\_ Pick-up time needed: \_\_\_\_\_  
Ages 3-5 years old. Fulltime only available.

**Preschool:** (3-5 years old): T/Th \_\_\_\_\_ M/W/F \_\_\_\_\_ M/T/W/Th/F \_\_\_\_\_

**Before School Care** (K-Grd 7) 7:30 – 8:30am (M-F only): \_\_\_\_\_

**After School Care** (K – Grd 7) 2:40 – 6:00pm (M-F only): \_\_\_\_\_  
(Includes early dismissal days)

**Before and After School Care** (K-Grd 7) (M-F only): \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
First/Middle/Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name child responds to: \_\_\_\_\_  
Day/Month/Year

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

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

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

Other children living at home: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Second Language: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Office Use Only

\*\*Please attach a photo of your child (or email a digital photo to [sjvelc@cisdv.bc.ca](mailto:sjvelc@cisdv.bc.ca)). This must be received before registration is considered complete

**Father's Information:**

Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Please print clearly

**Mother's Information:**

Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Please print clearly

**Catholic:** \_\_\_\_\_ **Parish:** \_\_\_\_\_ **Non-Catholic:** \_\_\_\_\_

Parish Supporter: (Yes) \_\_\_\_\_ (No): \_\_\_\_\_

**Authorization for Pick-Up:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Signature** for consent to release a child to someone other than a parent:

\_\_\_\_\_

**Is there anyone who is not permitted to pick up under any circumstances?**

If it is a parent, with limited or restricted guardianship, we require Court Documents for our records.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Alternate Emergency Contacts (must provide two):**  
(Other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Health Information:**

Illness(es) that the child has had: \_\_\_\_\_

Is your child able to participate in all areas of the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any physical restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child:

Have vision problems? Y \_\_\_\_\_ N \_\_\_\_\_ Have hearing problems? Y \_\_\_\_\_ N \_\_\_\_\_

Have speech/language? Y \_\_\_\_\_ N \_\_\_\_\_ Takes medication? Y \_\_\_\_\_ N \_\_\_\_\_

Require a special diet? Y \_\_\_\_\_ N \_\_\_\_\_ Have allergies? Y \_\_\_\_\_ N \_\_\_\_\_

Have any other health concerns? Y \_\_\_\_\_ N \_\_\_\_\_

Specify and comment on items checked Y above: \_\_\_\_\_

\_\_\_\_\_

Does your child require medication on a regular basis? \_\_\_\_\_

Are there any behaviour concerns? \_\_\_\_\_

\_\_\_\_\_

Have they attended daycare/preschool/before and/or after school care previously?

\_\_\_\_\_

Is there anything else you would like us to know about your child?

\_\_\_\_\_

\_\_\_\_\_

**Emergency Health Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Care Card Number:** \_\_\_\_\_

(This information is a licensing requirement)

**Information to readily identify your child in case of an emergency:**

Hair Colour: \_\_\_\_\_

Eye Colour: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Birthmarks: \_\_\_\_\_

Other identifying features: \_\_\_\_\_

**Emergency Consent:**

It is the policy of St. Joseph's Early Learning Centre and Child Care to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance. Please sign below so that we can take appropriate action on behalf of your child.

I hereby give permission for the staff of St. Joseph's Early Learning Centre and Child Care to call an ambulance and (if required) have the ambulance transport my child \_\_\_\_\_ to the nearest hospital if deemed necessary. I understand that a staff member will accompany (or meet) my child at the hospital and that this staff member will stay with my child until myself or another family member arrives.

By signing, I also acknowledge that I will be billed for and by the British Columbia Ambulance Services for any services they provide.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

Signature

### EMERGENCY – PERMISSION CARD

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
(Last Name, First Name) (year/month/day)

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

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emerg Contact:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Health Number:** \_\_\_\_\_

**Allergies/Medications:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Most Recent Tetanus Shot:** \_\_\_\_\_

### PERMISSION FORM

1. It is our policy of St. Joseph's Early Learning and Child Care Centre that we notify a parent when a child is ill or we need to get immediate medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us when we accompany your child.
2. I hereby give my consent for the staff off St. Joseph's Early Learning Centre and Child Care to call an ambulance and (if required) have the ambulance transport my child \_\_\_\_\_ to the nearest hospital if deemed necessary. I understand that a staff member will accompany (or meet) my child at the hospital and that this staff member will stay with my child until myself or another family member arrives.
3. By signing, I also acknowledge that I will be billed for and by the British Columbia Ambulance Services for any services they provide.

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

**Field Trip and General Release Waiver:**

I hereby give permission for my child: \_\_\_\_\_ to be taken out of St. Joseph’s Early Learning and Child Care Centre for field trips that are within walking distance as part of our child care program. Children will be supervised at all times by the St. Joseph’s Early Learning Centre and Child Care staff. I understand that an additional permission form is required and will be sent out for all other field trips that are not within walking distance. All mandatory safety precautions will be in accordance with the Provincial Child Care Regulations.

I, for myself, my heirs and estate executors, release **The Bishop of Victoria Corporation Sole**, Island Catholic Schools, and its respective servants, agents or employees from any claims, demands, damages, or actions arising out of or in consequence of any loss, injury to my son/daughter, or property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

**Sunscreen Permission:**

I \_\_\_\_\_ (Parent/Guardian Name) give my consent to have the staff of St. Joseph’s Early Learning Centre and Child Care to apply sunscreen to (Child’s Name): \_\_\_\_\_ When required. I also agree to do the following:

- To supply sunscreen to be used on my child when they begin attending St. Joseph’s Early Learning Centre and Child Care
- To leave sunscreen at the centre to be used as needed on my child
- To “re-stock” the sun screen supply for my child when it is requested by St. Joseph’s Early Learning Centre and Child Care staff
- Families are responsible for sun screening in the morning and staff will re-apply in the afternoon.

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

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

Please note that a \$25.00 registration fee (per family) must accompany this registration form. This registration form will only be accepted if ALL REQUIRED INFORMATION is complete. The registration fee can be e-transferred to [sjvelc@cisdv.bc.ca](mailto:sjvelc@cisdv.bc.ca) (please include your child’s name and what the transfer if for in the comments section).

**Office Use Only**

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

Registration fee paid (\$25.00 per family): \_\_\_\_\_

**Immunizations** – either attach a photocopy of the immunization record, or indicate dates that immunization was received on the attached form. If your child has not been immunized, we will require a signed and dated letter stating that your child(ren) has not been immunized. This letter will be kept in your child’s file.

**1<sup>st</sup> Visit – 2 Months of Age:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type B (Hib) \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_  
Meningococcal C Conjugate \_\_\_\_\_

**2<sup>nd</sup> Visit – 2 Months After 1<sup>st</sup> Visit:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type B (Hib) \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_  
Hepatitis B \_\_\_\_\_

**3<sup>rd</sup> Visit – 2 Months After 2<sup>nd</sup> Visit:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type B (Hib) \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_  
Hepatitis B \_\_\_\_\_

**4<sup>th</sup> Visit – 12 Months of Age:**

Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Rubella \_\_\_\_\_  
Meningococcal C Conjugate \_\_\_\_\_  
Varicella (chicken pox) \_\_\_\_\_

**5<sup>th</sup> Visit – 12 Months After 3<sup>rd</sup> Visit:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type B (Hib) \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_  
Measles, Mumps, Rubella \_\_\_\_\_

**4-6 Years of Age:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Varicella (chicken pox) \_\_\_\_\_

**Other Immunizations:**

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

**St. Joseph's Early Learning and Child Care Centre  
Family – Centre Agreement**

Please read the St. Joseph's Early Learning and Child Care Centre Parent Handbook carefully before signing this agreement.

I (please print) \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_ (child's name), have been provided with a  
copy of the St. Joseph's Early Learning Centre and Child Care Parent Handbook and  
have read, understood and agree to the policies and procedures contained within it.  
Should our policies change St. Joseph's Early Learning and Child Care Centre will  
notify you of such changes. Strict adherence to our policies is for the health and  
safety of your child as well as the other children and staff in our programs. Failure  
to follow our policies may result in termination from St. Joseph's Early Learning and  
Child Care Centre (including the Daycare, Preschool, Before and After School Care  
programs). I understand that I can discuss the care of my child, or any other  
aspect thereof, and I may do so at any time with the teachers and management.

Dated this: \_\_\_\_\_ Of \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

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



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## Photograph Authorization

I, \_\_\_\_\_, parent or guardian, consent that picture of my child(ren), \_\_\_\_\_

May be used for:

- SJVELC newsletters and bulletin boards
- SJVELC group emails to distribute pictures
- SJVELC publications, promotional material, community projects
- SJVELC Facebook page (invite only page)
- SJVELC Pedagogical narrations and other daycare and preschool projects (only shared within the daycare and preschool)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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