

# Young Climbers Daycare Centre

Please fill in registration forms and bring in two cheques with your child's name on both **cheques**. Payments will be processed by an automatic debit of your bank account on the 1<sup>st</sup> of each month.

\$250.00 (Non-refundable fee) this is the Registration Fee

This registration fee holds your child's place in the Daycare centre. This is non-refundable fee. Payment of these fees implies intent to attend. Administration makes decisions and purchases based on this fee, and the fee is non-refundable.

## **Rates for YC Daycare program**

Full time \$1050 - 50 = \$950 per month (which includes the affordable

childcare benefits).

2 and 3 days per week is \$60 per day (which includes the affordable childcare benefits) and depends on availability.

**We accept childcare subsidy.**

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CHILD'S NAME: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal code \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's name: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Care card number # \_\_\_\_\_

Emergency Pick up person name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Out of town contact name and # \_\_\_\_\_

Allergies or food restrictions \_\_\_\_\_

FIRST DAY STARTING DAYCARE: \_\_\_\_\_

HOURS are from 7:30 am until 5:30pm

**Hours that  
you are  
needing.**

Provide Exact times	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Time in:					
Time out:					

## YC Daycare Centre Registration

Child's First language: \_\_\_\_\_

Child's Second Language: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Family Members who live in the house with your child:

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

Brother\_\_\_\_ Sister\_\_\_\_ Other\_\_\_\_\_

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

Brother\_\_\_\_ Sister\_\_\_\_ Other\_\_\_\_\_

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

Brother\_\_\_\_ Sister\_\_\_\_ Other\_\_\_\_\_

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

Brother\_\_\_\_ Sister\_\_\_\_ Other\_\_\_\_\_

### Custody Agreement:

If any there is any custody agreement in effect, please give details as they relate to the child and attach a copy to this form:

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# YC Daycare Centre

## Medical Information:

Care card Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Does your child have any known health issues: Yes\_\_\_\_No \_\_\_\_

Does your child have special needs? \_\_\_\_\_

Special comments, concerns, or instructions regarding your child:

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Allergies: \_\_\_\_\_

If your child is allergic to peanuts or nuts and goodies are made in a facility that contains nuts or contains traces of tree nuts is it okay for your child to eat the product: Yes\_\_\_\_No\_\_\_\_

Medications:\_\_\_\_\_

Vision Concerns: \_\_\_\_\_

Hearing Concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Special Diet for health or religious reasons:

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# YC Daycare Centre

## Emergency Contact other than yourself:

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

Relationship to Child \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Alternate Emergency Contact:

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

Relationship to Child \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Out of town phone number# \_\_\_\_\_

## Alternate person allowed picking up your child:

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

## CONSENT TO PHOTOGRAPH:

I hereby give my consent to the Caregiver to take and/or have photographs of my child, \_\_\_\_\_. I understand the photographs may be used by YC Daycare Center in its program, meetings, newspaper, magazines, computer web pages, Facebook, or other such publications.

Signature of Parent or Guardian: \_\_\_\_\_

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

# YC Daycare Centre

## FIELD TRIP CONSENT:

I hereby give my consent to the Caregiver to take my child, \_\_\_\_\_  
for walks or trips away from the Childcare Centre.

Signature of Parent or Guardian: \_\_\_\_\_

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

## VISITOR CONSENT:

I give my consent to allow supervised Practicum Students and other  
authorized adults that are approved by the YC Daycare Centre to be a part  
of the daily classroom and take pictures of my child,  
\_\_\_\_\_for educational purposes.

Signature of Parent or Guardian: \_\_\_\_\_

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

## MEDICAL CONSENT:

I hereby give my consent to the Caregiver to call 911 to help my child,  
\_\_\_\_\_in case of emergency and if needed transport  
them to the nearest hospital. (Surrey Memorial).

Signature of Parent or Guardian: \_\_\_\_\_

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

# YC Daycare Centre

## MEDICATION CONSENT:

If required and per the doctor's note on file with the Childcare Centre I allow  
my child, \_\_\_\_\_to be administrated medication.

Signature of Parent or Guardian: \_\_\_\_\_

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

## **FOOD, DIAPERS and CLOTHES:**

I will provide healthy snacks, lunch and milk for my child for each day that they are in attendants at daycare.

I will provide enough diapers and wipes for my child for each day that they are in care at daycare.

I will provide clean, extra clothes for my child for each day that they are in attendants at daycare.

Signature of Parent or Guardian: \_\_\_\_\_

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

## **YC Daycare Centre**

### **Child's immunization records**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

To the best of my knowledge my child \_\_\_\_\_

Has all their immunizations and are up to date.

The medical certificate of vaccinations can be located: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

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

**I have chosen not to give my child immunization shots.**

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

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

## SUNSCREEN CONSENT:

YC Daycare Centre asks you to have sunscreen in your child's bag. Please apply to your child before school and we will re-apply with permission by the parent or guardian. I hereby give my consent to the Caregiver to apply sunscreen on my child,\_\_\_\_\_.

Signature of Parent or Guardian: \_\_\_\_\_

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

## YC Daycare Centre

### PARENT CONTRACT:

**This contract is a binding contract between YC Daycare Centre and the Parent.**

I \_\_\_\_\_ understand that the fee for part time days is \$60 per day (Which includes the affordable childcare benefits from the government) (totals will be calculated and taken out of your account on the 1st of each month.)

Full time is \$950.00 per month. (Which includes the affordable childcare benefits from the government) (Totals will be taken out of your account on the 1<sup>st</sup> of each month.)

\$250.00 is due at time of Registration, a void check also will be required at the time of registering my child for the YC Daycare Centre. In addition, one-month notice on the 1<sup>st</sup> of the month is required for any reason to remove my child \_\_\_\_\_ from YC Daycare Centre. I understand that this is binding contract between YC Daycare Centre and myself.

**Payment must be completed by the first of each month, NO ACCEPTIONS! If for any reason the payment is not made by the 1<sup>st</sup> of each month, the child will be unable to come to daycare until payment is made in full.**

Signature of Parent or Guardian: \_\_\_\_\_

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

# Participation Agreement

**Participation Agreement to email and publish my child's work, photographs or videos via HiMama**



**To: Parent / Legal Guardian,**

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior. In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions. I hereby acknowledge that I wish to voluntarily participate in the Program:

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CHILD'S NAME

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PARENT/GUARDIAN NAME

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EMAIL

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PARENT/GUARDIAN SIGNATURE

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DATE





**Policy:**

We care about all of our children's health and staff, so we are implementing this new form that needs to be signed by a parent or guardian and will be followed by yourself and the Centre. Without healthy staff we are unable to provide effective care and if staff are sick we then may have to close the Centre until staff are well. Young Climbers Childcare Centre follows all Government Guidelines for the Health and safety of our Childcare Centre.

**THE STAFF WILL IMMEDIATELY REPORT TO THE PARENT IF ANY CONTAGIOUS OR COMMUNICABLE DISEASES ARE OBSERVED.**

Your Child can not attend or will be SENT HOME AND UNABLE TO ATTEND SCHOOL for the following Conditions:

- fever over 38.3 (101F)
- Infected eyes or skin (Pink Eye, Contagious Rash)
- Any type of contagious disease such as the Flu, Measles, Mumps, Rubella, Chickenpox and Head lice (please wash and remove nits from head and once head is clear you may return to school)
- Unexplained Diarrhea or Loose Stool with Nausea, Vomiting or Abdominal pain
- Cold, with symptoms such as Fever, Sore throat, Earache, Runny nose (Green and Yellow Mucus), and Cough, Congestion to the point that he/she has heavy breathing
- COVID related Symptoms (Fever, Cough, Tiredness and Loss of Taste or Smell)
- If the Centre closes due to communicable disease such COVID or other Sickness, The Centre/ You will need to follow All Government Orders. It is the family's responsibility to find alternate care.

**\*\*If a child becomes sick at daycare, the parent will be called and if unable to reach or unavailable to pick up the guardian or authorized person will be called and asked to get the child. The staff will isolate the child from the other children and make the child comfortable as possible but will not administer medication unless previously authorized to do so.**

**\*\*\*Please keep your child at home at least 24 hours after your child's last symptom. Please stay home until the child is well enough to join class again.**

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



# Young Climbers Childcare Centre

7328 144<sup>th</sup> St. Surrey, B.C., V3W 5S5

604 590 5833

## PRE-AUTHORIZED DEBIT FORM

I have enrolled my child \_\_\_\_\_ (name of child)  
At Young Climbers Childcare Centre and I desire to pay the monthly fee  
through this pre-authorized debit agreement.

Please debit my account that corresponds to the attached VOID cheque. (attach Void Check)

I agree that \_\_\_\_\_ will be taken from my account on the 1<sup>st</sup> of each month or  
the next business day from the time I start at Young Climbers.



Parents Name: \_\_\_\_\_  
(account holder)

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

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

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

These payments are being made from my \_\_\_\_ Individual \_\_\_\_ Business account.

I may revoke my authorization at any time, subject to providing 30 days notice from the first of the month. This PAD agreement does not change any of the terms of the enrollment agreement I made with Young Climbers. To obtain a sample cancel form please contact your financial institution. Or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Young Climbers  
7328 144<sup>th</sup> St.  
Surrey, BC  
V3W5S5

I have certain rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)