

## Sundance Kids Center Sun Peaks BC

Ages: 18 Months to 5 Years

Email [childminding@sunpeaksresort.com](mailto:childminding@sunpeaksresort.com) (250) 578-5433

The British Columbia Child Care Licensing Regulation and Community Care Facility Act make it **mandatory** that **ALL information** on this form be completed prior to a child being registered daycare.

One form per child.

### Personal Information

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
DD MM YYYY

Name of Parents or Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

SUN PEAKS Accommodation: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care / Travel Insurance Number: \_\_\_\_\_

Emergency Contact Person: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

**Off Hill** Contact: 2. \_\_\_\_\_ Phone: \_\_\_\_\_

### Immunization Record (please initial next to **one**)

*If you cannot provide proof of Immunization please tick incomplete/unsure.*

1) Immunization complete \_\_\_\_\_ 2) Immunization incomplete/unsure \_\_\_\_\_ 3) Not vaccinated \_\_\_\_\_

**Children not vaccinated, will be required to leave the facility in the unlikely event one of the childhood diseases commonly covered by immunization protocols breaks out in the daycare.**

Allergies? \_\_\_\_ Yes \_\_\_\_ No If yes, what kind? \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_ Approximate Height and Weight: \_\_\_\_\_

Is child on any medication? \_\_\_\_ Yes \_\_\_\_ No If yes, what? \_\_\_\_\_

Has child any vision, hearing, or speech concerns?

Any learning/behavioral/emotional concerns?

Special Diet? \_\_\_\_\_ Toilet Trained / Diapers (must provide diapers and wipes)

Nap/Rest Time: \_\_\_\_\_ Food Likes \_\_\_\_\_ Dislikes \_\_\_\_\_

**PLEASE READ AND INITIAL THE FOLLOWING:**

\_\_\_\_ I will NOT send my child to the child care center if there is illness and I will notify the caregiver if my child has come in contact with a communicable disease.

\_\_\_\_ In case of accident or illness, I authorize the caregiver to contact a physician and/or ambulance. I accept responsibility for payment of ambulance fees.

\_\_\_\_ I authorize the caregiver to administer to my child, only medication as prescribed by my physician or myself, in the original, labeled container, and as outlined in the medication form I have filled out.

\_\_\_\_ I understand and agree with the discipline policy (Behavioral Goals) at Sundance Kids Center

\_\_\_\_ I understand and accept my child(ren) to go on spontaneous outings at Sundance Kids Center

\_\_\_\_ I understand the written statement setting out the terms and conditions on which a refund of all or any of the prepayment will be made as posted in Sundance Kids Center.

\_\_\_\_ I understand that if my child is in ski/snowboarding lessons, they will be signed out by a ski instructor/resort care attendant for the duration of his/her lesson.

\_\_\_\_ I give consent to the release of any photograph or video material of my child for Sun Peaks marketing purposes and Sun Dance Kids Center to post in the lobby and around the daycare.

\_\_\_\_ When my child is being signed out from the center, ONLY the following are authorized to remove my child from the center. All children will have an ID bracelet, and parents will be provided the matching ID tab. This tab is required for pick up. If the tab is lost or pick up person is changed we will need ID of the person that is picking up along with their name must be printed below. I recognize it is my responsibility to ensure the caregivers know who is expected to be picking up the child each day.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

NOT authorized for pick up: \_\_\_\_\_

Please be aware that all child care facilities and registration information are open to visits from the local health unit staff such as: licensing officers, public health nurses. These visits are for information, support, and to ensure health and safety of staff and children.

I have read and agree to the above information, will notify the caregiver if there are any changes, and in order to meet licensing regulations and to ensure the safety of my child, I declare he/she is between the ages of 18 months and 6 years

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

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_