

Sundance Kids Center Sun Peaks BC

Ages: 18 Months to 5 Years

Email daycaresupervisor@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: _____

Cardholders		Card Type:	
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Name:		CW2#(3 digit)	
Card Number:		Expiry Date:	