



PURE PLAY
CHILD CARE

REGISTRATION PACKAGE: Transition Room

WELCOME TO PURE PLAY!

Registration Steps

Step 1: Hand in these documents with your Child's most recent information. Thank-you.

1. Two good clear profile photo of child. (Face is clearly seen/ child is looking at the camera)
2. Copy of Immunizations record or letter declaration
3. Medical information (copy of Care Card) and Emergency Contacts
4. Any Custody, Parental documents or Specific Health documents
5. Registration fee of \$75.00

Step 2: Please fill in forms, sign and return to Pure Play Child Care Inc.

1. Contract for Care
2. General Permissions
3. Payment Agreement (With Deposit)
4. Liability Waiver
5. Registration Form
6. Questionnaire
7. Medical History
8. Child Immunization Status Declaration
9. Current Medical Information
10. Medical Consent
11. Transportation Waiver
12. Practicum Student Consent

Step 4: Hand in your Registration Package with the required Emergency and Classroom supply items for your child to :

Edith Hutchins

Phone: 250-449-1755

Email: shaughnessy@pureplaychildcare.com

#6108 – 2850 Shaughnessy Street, Port Coquitlam, BC

V3C 6K5



Registration Form

Name of Child: _____ **Birthdate:** _____ (d/m/y)
(First & Last)

Gender: Circle: M / F **Medical Service Card # :** _____

Language(s) spoken at Home: _____ **Registration date:** _____

Parent/Guardian (Full Name): _____

Address: _____

Email: _____

Cellular phone/ Phone: () **Other:** _____

Parent/ Guardian (Full Name): _____

Address: (If different from above) _____

Email: _____

Cellular phone/ Phone: () **Other:** _____

Authorized Pick-up Personnel (Must be someone other than Parent)

Name: _____ **Relationship to the Child:** _____

Phone: () **Cell Phone #:** () _____

Name: _____ **Relationship to the Child:** _____

Phone: () **Cell Phone #:** () _____

Name: _____ **Relationship to the Child:** _____

Phone: () **Cell Phone #:** () _____



Current Medical Information

Doctor: _____

Phone Number: _____

Address: _____

Clinic (if applicable): _____

Phone Number: _____

Address: _____

Emergency Card Contact Info

Emergency Contact 1 (Must be someone other than Parent):

Name: _____ Relationship to Child: _____

Address: _____ Phone: () _____

Emergency Contact 2 (Must be someone other than Parent):

Name: _____ Relationship to Child: _____

Address: _____ Phone: () _____

Child Full Name: _____ **Birthdate (d/m/y):** _____

Child's HEALTH CARD # _____

Preferred Hospital: _____



Medical History

Please Hand in a Copy of your Child's Immunization Record as soon as possible.

Circle:

Is your Child Vaccinated?

YES / NO

(If NO, then please supply a letter of declaration)

Is your Child immunizations current and up to date?

YES / NO

Has this child any known health problems or depressed immune system?

YES / NO

(If YES, then please attach doctor's note/ documentation explaining problem).

Has your Child been in contact with any communicable diseases in the last 30 days?

YES / NO

Has your Child experienced any serious illness, injuries, or surgeries/operations?

YES / NO

Does your Child have Allergies? Please List Allergy, the reactions observed, and any Care instructions.

1. _____ : _____
(Allergy) (Reaction) (Reaction- Please Circle- Mild , Moderate, Severe)

(Care Instructions- If Care plan is needed, please fill out separate form).

2. _____ : _____
(Allergy) (Reaction) (Reaction- Please Circle- Mild , Moderate, Severe)

(Care Instructions)

3. _____ : _____
(Allergy) (Reaction) (Reaction- Please Circle- Mild , Moderate, Severe)

(Care Instructions)

If there are more Allergies- Please continue List on Other Side of Form- Thank-you.



Child Immunization Status Declaration

Community Care Facilities (that are licensed to provide care to children) are required to have a copy of The Immunization Status on file for each child in care, in the event that an outbreak of a communicable Disease should occur. This information will assist in identifying those that may require exclusion because they are not immunized. This form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist Licensee's in meeting Section 21(1)(a) of the *Child Care Licensing Regulation*

To be completed by Parent/Guardian:

(Child's name)

(Child's birthday-d/m/y)

Complete Immunization:

- Record on vaccinations attached
- Records on vaccinations unavailable

Received immunizations in:

Year of last vaccine

City

Province

(If not Canada, include Country)

Incomplete Immunization:

- My Child has had some vaccinations
- My Child has no vaccinations
- I do not know

Parent/Guardian's Printed Name

Date

Parent/Guardian's Signatures



Medical Consent

Emergency information is kept on file at the daycare. In case of illness or injury this information will be used to notify medical personnel of your child's status. If your child is injured while at the daycare, first aid will be administered. If treatment by a doctor is necessary, we will make every effort to contact you the Parent/ Guardian first before transporting to nearby medical facility.

In the event of a medical emergency I hereby give permission to **Pure Play Child Care Inc** to contact emergency transportation services in the event that I/We (the Parents/ Guardians) or the emergency contact was made aware of the situation. I hereby authorize **Pure Play Child Care Inc** to act on my behalf in case of a medical emergency.

As the parent or guardian, I/We hereby give consent to **Pure Play Child Care Inc** to obtain all emergency medical or dental care prescribed by a duly licensed physician, osteopath, or dentist for

(Child's Name) _____ Birth Date (d/m/y) _____.

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above.

I/We _____ (Parent/Guardian's Full Name) give **Pure Play Child Care Inc** and its' employees permission to obtain emergency medical/dental treatment for my child,

_____. (Child's full name)

Print name: _____

Parent/Guardian Signature: _____ **Date:** _____

Print name _____

Pure Play Child Care Director Signature: _____ **Date:** _____



General Permissions

Pure Play Child Care Inc has My Permission to: (Photos only used at Centre/Newsletter purposes)

- Take photos/videos of my child/children.

Parent/Guardian Signature: _____

- Post photos of my child/children on the Pure Play Child Care Inc Website Yes / No
- Post photos of my child/children on Pure Play Child Care Facebook site Yes / No

Snack Permission

I _____ give permission for Pure Play Child Care Inc, to provide my child a snack if they have finished all their lunch provided and is lacking food for the remainder of the day.

Parent/Guardian Signature: _____

Walking Permission

I _____ give permission for _____ (child's full name) to walk from Pure Play Child Care Inc to neighboring parks, and surrounding areas under the supervision of Pure Play Child Care Staff.

Parent/Guardian Signature: _____

Water Play Permission

I _____ give permission for _____ (child's full name) to participate in all water-play activities at Pure Play Child Care Inc.

Parent/Guardian Signature: _____

Sunscreen Permission:

The UV index and daily temperature highs will be considered when planning outside activities. We request permission to apply sunscreen on your child. Sunscreen will be applied 15min before outside time and again every 2 hours or after water activities. Parents are required to apply upon arrival to class on high temperature days. No spray sunscreen permitted and SPF 40+ is preferred.

I _____ give permission for _____ (child's full name) to have sunscreen applied.

Parent/Guardian Signature: _____



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Consent for Practicum Students

We at Pure Play Child Care, take responsibility to help guide new and returning educators, with their learning journey of Early Childhood Education. From time to time there will be practicum students that visit our Centre to participate in our programs and observe the children. The purpose is for student's understanding their own skills and developing them into a 'mastery' quality level. **This direct approach is key to forming experienced educators in this important line of work.**

You can expect the students to: have a criminal record check completed, an accredited school and frequent meetings with leading staff and instructors. They will be under direct supervision of the staff.

Students will be sharing/sending the information through:

- USB/SD card in the mail
- Share through a secure password protected site on Course network, Google Drive, Email, etc
- Once practicum student is finished their program it is their responsibility to delete such files.

I/We thereby understand the purpose of the consent and give permission for students to (please circle):

- Take photos
- Drawings
- Audio or Video
- And Written observations for learning purposes.

My signature below indicates that I am comfortable with practicum students using the above to share learning experiences with my child and sharing the information with the college/university for educational purposes only.

I/We _____ give permission for _____ (child's full name)

to be photographed, video/audio recorded or have written documentation made on their play by a participating practicum student while at Pure Play Child Care Inc.

Any additional information will be shared with families when practicum students arrive.
Any questions on practicum student protocol, please contact the Director or Manager.



PURE PLAY
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Liability Waiver

I/We understand that there are certain risks in play involved that **may** result in injuries in the participation of my child during these activities and I hereby accept these risks on behalf of my child.

I hereby for myself and on the behalf of my child agree to release and fully indemnify Pure Play Child Care Inc, from any and all claims and damages, on the account that all normal safety procedures have been taken on behalf of Management and Staff, from any and all liability for personal injury. This includes any injury to any third-party child resulting from my child's actions/participation, daily active play, playgrounds, and activities on Pure Play Child Care Inc property, or on any local or further field trip locations.

I/ We _____, (Parent/Guardian Print Full Name) hereby agree to release and fully indemnify Pure Play Child Care Inc, from any and all claims and damages as a result from falling, tripping, slipping on ice, contact with misplaced toys, space conflicts, or any like such physical bodily harm occurrences, while present at Pure Play Child Care Centre or on field trips, or in the property parking lot.

I/We understand that any willful destruction of property including to the building itself (doors/windows/walls) by my child is to be paid in full either for a repair cost or a replacement.

I/We understand and hereby agree that surveillance video throughout the centre is for safety and security reasons. Footage is strictly only released to licensing officials, and the parents of the child involved in the case of an incident.

Signed on _____ on behalf of _____ and
(Date) (Child's full name)

Myself/Ourselves _____ (Print Name(s)).

Signatures: _____

Director/Manager of Pure Play Child Care Inc Signature: _____



Authorization and Waiver for Transportation

Child's Full Name: _____

Birthdate (d/m/y): _____

I authorize Pure Play Child Care, Inc. to transport my minor child driven by an individual authorized by Pure Play Child Care, Inc. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

I have read, understand, and discussed with my child:

- (1)** My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2)** My child is expected to listen to supervising staff/driver, respect staff and other children, and the vehicles they ride in
- (3)** Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4)** My child is to remain in their seat and not be disruptive to the driver of the vehicle.
- (5)** Vehicle transportation is used for emergency purposes only as a last resort when all contacts are unreachable

Initial Each Statement:

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Pure Play Child Care, Inc., and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____



Butterfly Questionnaire

1. How many hours of sleep does your child average per night? _____

2. What time does your child wake up in the morning? _____

3. What time does your child eat breakfast? _____

4. How long does your child usually nap? Times of naps? _____

5. What are you Child's top three interests/ likes to do: a.) _____

b.) _____ c.) _____

6. Does your child have any fears such as dogs, sirens, storms, etc.? _____

7. When your child is afraid/ upset/ sad/ what comforting techniques do you use?

8. Has child been in a childcare setting or group setting before? If yes, for how long? YES / NO

Explain if yes: _____

9. Does your child have any habits, such as thumb sucking, that we should be aware of: YES / NO

10. Do you have any concerns about your Child? _____

11. Is your child toilet trained? _____

12. Special instructions concerning Care, Medication, Diet, or **Custody**: _____



Contract for Care

This is an official agreement for a Child Care Arrangement between

Pure Play Child Care Inc. And _____, (Parent(s)/Guardians)

concerning the care of _____ (Child's full name(s)).

I/We understand there is a probationary period of (3) months, that either the family or Pure Play Child Care Inc can terminate with one month's written notice. If notice is not given in the stated time frame, Pure Play Child Care Ltd reserves the right to terminate this agreement immediately.

I/We agree to abide by the Illness/Wellness policy. I will notify the Pure Play Child Care Inc if my child has come in contact with any communicable disease and/or any other illness. I will sign the medical consent form if I want Pure Play Child Care Inc. to administer any medications to my child.

I/We agree to supply all items listed in the program's required supply list and are responsible for the upkeep of supply and washing of bedding weekly.

I/We agree to follow all arrival and pick-up steps outlined in the Key Policies for the safety and well-being of our child(ren). The set allotted times for arrival and pick-up will be followed and if requiring change, will notify Director/Manager with one month's notice.

I/We will pay \$ _____ per (month) to be paid for the care of _____ (Child) in the _____ program for a _____ time term as stated in the "Payment Agreement."
(Butterfly) (Full/ Part)

I/We _____ have read and understood the policies provided in this handbook and we agree to comply with all policies outlined by Pure Play Child Care Inc. This contract will be reviewed yearly.

Print name _____

Parent/Guardian Signature: _____ Date: _____

Print name _____

Pure Play Child Care Director/Manager Signature: _____ Date: _____



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Payment Agreement

This is an official agreement for Child Care Arrangement between
Pure Play Child Care Inc. And _____, (Parent(s)/Guardians)
concerning the care of _____ (Child's full name(s)).

I/We have paid the **\$75.00** registration fee and acknowledge that this amount is non-refundable.

I/We have agreed to pay the deposit of \$200 for single child to hold a spot for the child(ren) in the requested program and understand the deposit is due at the time of registration.

I/We understand agree to pay for any fines relating to an unnecessary pulling of the fire alarm by my child of **\$250** per incident.

I/We are aware Program Fees are due on the 1st of each month for everyday the Child(ren) is/are to attend, even if the child(ren) is/are absent due to illness, personal holidays etc. At any time, over and above the agreed hours of care will be charged as overtime, **\$20 for first hour, \$1 per minute afterwards**

I/We understand that after two unsuccessful attempts of calling for pick-up during the set allotted time frame, and being consistently late, therefore, will result in a change of contract times or late fees will apply.

I/We understand that failure to pay fees and all late fees when due will result in child being denied entry to their program until owing amount is paid in full.

I/We understand that in the event of a natural disaster, emergency or power outage, full fee payment is required to cover costs for these unforeseen circumstances, with no reimbursement.

I/We agree to provide in writing 1 full months notice to withdraw from the full or part-time program or decrease number of days in care and agree that the notice is not valid until confirmed by the Centre. Notice is given on or before the 1st of the month if the 1st lands on a weekend, notice must be given on the last day of the previous month. The deposit of \$200 will be applied to your last months' fees, if 1 month's notice is not given, the deposit will be forfeited.

I/We understand all costs of a medical emergency including emergency transportation, is the financial responsibility of ourselves the Parent/Guardian. Pure Play Child Care Inc will not be held liable for any sickness/injury of either Parent/Guardian or child while on these premises, or while on field trips or outings.



Payment Agreement

Scheduled Days of Care:

Program Classroom:

Butterfly

Type of Care:

Full / Part / Drop – In

Days: Circle the Days of Child Care Needed.

Monday / Wednesday / Friday

Tuesday / Thursday

Day: _____ Expected Time Frame: _____ AM to _____ AM/PM

Day: _____ Expected Time Frame: _____ AM to _____ AM/PM

Day: _____ Expected Time Frame: _____ AM to _____ AM/PM

Day: _____ Expected Time Frame: _____ AM to _____ AM/PM

Day: _____ Expected Time Frame: _____ AM to _____ AM/PM

*Parents are required to keep their allotted time frame, as staffing ratios depend upon it. *If you are early you may have to wait until enough Staff have arrived in your child’s Program. *If you are commuting out of town, consider putting a later pick-up time.

Payments can be e-transferred to ppccs@pureplaychildcare.com

Parent/Guardian Signature: _____ Date: _____

Pure Play Child Care Director/Manager Signature: _____ Date: _____

Thereafter, (2) weeks’ notice is required to nullify this agreement, if no notice is given, full payment is expected.



Butterfly Classroom Supply List

Parents/Guardians are responsible are labelling ALL their child's belongings with the child's name.

- * Crib Sheet, Blanket, Waterproof Mattress Pad (If toilet training)
- * Change of Clothing (2 sets in ziplock bag- Shirt/Pants/Socks/Underwear)
- * Bag for Soiled clothing
- * Inside shoes/slippers (with grips on the soles)
- * Seasonal Outdoor clothing (toque, mittens, boots, snowsuit, sun hat, sandals, swimsuit, etc)
- * Muddy Buddy for rainy days – (**Separate Rain Pants and Jacket!** This is more efficient/easier for child)
- * Water cup with lid or water bottle (Take home to be washed each day)
- * Supply of **Pull-ups must have tabs** - for toilet trainers and wipes
- * Creams or lotions if needed – Labelled with expiry visible
- * Sunscreen- Please bring in April, it will be sent home in Fall.
- * Healthy lunch and snacks for the whole day including a variety of colours and food groups.
(Please use ice packs and thermos for keeping things hot/cold.)

Please Note:

- *When Packing lunches and snacks please remember- More food is better than not enough!
- *Bedding is to go home on Fridays, washed and brought back Monday.
- *Please check pull-up supply weekly and stock up on the last day of your schedule for the following week.
- *There is a good possibility your child will get dirty throughout the day because of food, paint, markers, dirt, bubbles, potty accidents, diaper blowouts, etc. So please dress your child accordingly for play. Wet, dirty, and soiled clothes will be put in a plastic bag to be taken home and cleaned. We are not responsible for replacing stained or soiled clothing.



Comfort Emergency Kit Supply List

Upon Enrollment, every child at Pure Play Child Centre is **required** to have an emergency kit. Please bring on first day of attendance, it will be kept in a safe spot and brought out in the event of an emergency. Upon departure of the Centre your kit will be returned to you.

There are a few items families need to provide:

- 2-3 Pull-ups must be with Tabs! (Young children often have trouble with accidents in emergencies- especially 3 years who have more recently accomplished toilet training)
- A Larger sized shirt: one summer and one winter (at least 1-2 sizes up)
- A Family Photo and Letter to your child (Include any special nicknames or phrases)
- Any dietary needs such as gluten/dairy/nut free energy bars **IF** your child is allergic
- Any special equipment or care aids exclusive for your child.

Please place all items in a Large, Ziplock Bag. Labelled with your child's name and program.

