



Boys & Girls Club
of Fredericton
A good place to be

Daycare Programs Registration Process

Our mission is to provide a safe supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life.

In order to facilitate the registration of your child into one of our daycare programs, it is important that we complete all steps of the registration process. This will ensure that we have all of the important information we need to keep your child safe and comfortable while they are in our care. It also ensures that you have the opportunity to have all of your questions answered before your child attends our program.

Registration Checklist:

The following steps must be completed before your child is considered registered with one of our daycare programs. This includes **after-school, summer camp and pre-school programs**:

- A copy of the Parent Manual is provided to the parent or guardian and is read in full prior to registration. This manual is available from our office and is also available on our website.
- The registration form must be completed in full and signed. The appropriate form is available from our office or on our website.
- A copy of the child's immunization record must be obtained at the time of registration **or** a waiver must be completed by the parent or guardian.
- A one week non-refundable deposit is required at the time of registration which will be applied to registration fees. Cheques must be payable on the date of registration, however, if subsidy is granted before the start date, refunds will be issued where applicable.
- At least one parent or guardian **must meet with the applicable Program Director/Manager** to finalize registration for a new child. A tour of the facility will be provided at this time and any questions can be clarified.

Contact information:

	Skyline Acres	Devon (Henry Park)	Estey's Bridge
Address	499 Canterbury Drive	248 Medley Street	1388 Rte. 620
Phone	454-9237	472-4528	453-1388
Program Director/Manager	To be announced	Christine Currie	Christine Currie
Senior Program Director	Lisa Roy 472-1784		
Administration Office			
Address	499 Canterbury Drive	Website	www.fbgc.ca
Phone	472-5112	Fax	472-8947
Acting Executive Director	Nancy McCoy		
Office Assistant	Krista Gallagher		

CHILD PROFILE

Appendix 11.1.11

Pre-SCHOOL 2011/2012

Facility: Skyline Estey's

Registration Date: _____ Start Date: _____

CHILD/FAMILY INFORMATION:

Name of Child _____ Male Female

Date of Birth _____ Medicare #: _____ Expiry Date _____

Name of Family Physician: _____ Phone #: _____

Address: _____

ALLERGY ALERT: Please list your child's allergies

Home Address: _____ Apt # _____

City _____ Postal Code _____ Prov _____

Phone#: _____ Cell #: _____ E-mail: _____

Mother/Guardian: _____ Father/Guardian: _____

Place of work: (mother) _____ Work Phone #: _____

Place of work: (father) _____ Work Phone #: _____

Marital Status: Single Married Widowed Separated Divorced

With whom has the child lived for most of the past year? Mother Father Both Guardian
 Other (specify) _____

Who has permission to pick your child up from the center? _____

- If changing pick up arrangements parent(s) must call the center prior to the child being picked up.

Is there anyone who does not have permission to pick your child up from the center?

What language(s) are spoken at home? English French Other (specify) _____

Siblings: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Other people living in the home:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

EMERGENCY CONTACTS (not including parents/guardians)

<p>1. Name _____ Address _____ Telephone #: _____ Relationship: _____</p> <p>2. Name _____ Address _____ Telephone #: _____ Relationship: _____</p>

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's present or most recent preschool/child care center:

CHILD HEALTH RECORD

1. Immunizations: Please provide a copy of your child's immunization record. If for any reason your child has not received any or all of these immunizations appropriate to his/her age, please inform us.

Parent(s) are responsible to update their child's immunization record and provide this to the facility as changes occur.

The dots (.) shown on this table illustrate the routine immunization schedule which should be followed for infants and children (less than 7 years)

Age	DPT-P/Hib	DPT-P	Hep.B	MMR	Td-P	Td
Birth						
2 months	•		•			
4 months	•					
6 months	•					
1 year			•	•		
18 months	•			•		
4-6 years		•				

DPT-P/hib – Diptheria, pertussis, tetanus, polio, haemophilus influenza type b vaccine; DPT-P – Diptheria, pertussis, tetanus, polio vaccine; Hep.B – Hepatitis B vaccine; MMR – Measles, mumps, rubella vaccine; Td-P – Tetanus, diptheria, polio vaccine; Td- tetanus, diptheria vaccine

2. **Medical History:** Please indicate if your child has had any of the following:

	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>

3a) **Health Status:** Please indicate if your child has any of the following:

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Eczema//Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3b) **Medical Treatment** Please indicate medical treatment your child may require,

Name of Medication _____ Dosage _____

Instructions: _____

3c) **Emergency Treatment** Please indicate any situation where emergency treatment and/or medication(s) may be required by your child (i.e., epipen, benadryl)

4. **Allergies** a) Please list any medication allergies _____

b) Please list any food allergies _____

c) Any other allergies? _____

5. **Additional Information** Indicate if there are any activities in which our child cannot participate.

CHILD DEVELOPMENT

To help us better understand your child, his/her interests and development, please assist us by completing the following.

1. **Child's Health at Birth**

Was your child more than 3 weeks premature? Yes No
If yes, how many weeks premature? _____

Did he/she stay in the hospital longer than the mother? Yes No
If yes, please explain

Were there any difficulties with your child at the time of delivery? Yes No

If yes, please explain

2. Child's Health Since Birth

EYES

Have you ever suspected that your child has vision problems?

(ie, holding books too close, constant rubbing of his/her eyes, lazy eye) Yes No

If yes, please explain: _____

EARS

Has your child had frequent ear infections? Yes No

Have you ever suspected that your child has hearing problems? Yes No

(ie, turning volume up, lack of response to voice levels)

If yes, please explain: _____

COORDINATION

Has your child ever had trouble walking, climbing, reaching, holding on to things?

Yes No

Has your child ever had any significant injuries for which he/she was hospitalized?

Yes No

If yes, please explain: _____

3. Child's Interests

- A. Does your Child:**
- play with blocks, boxes, cups, or other construction toys without help? Yes No
 - Use crayons and/or markers to scribble or draw? Yes No
 - Listen to stories being read? Yes No
 - Turn pages of a book and look at pictures? Yes No
 - Recall stories or events? Yes No
 - Enjoy playing alone or with imaginary friends? Yes No
 - Talk with your friends/relatives who come to visit? Yes No
 - Follow simple, age-appropriate directions? Yes No

How many hours a day does your child spend watching TV? _____

Are there other things you would like to tell us about your child?

B. Self Help

In what way does your child need our help with the following self help skills?

Dressing/Undressing:

Eating:

Toileting:

Handwashing/Toothbrushing: _____

Other: (i.e. gross and fine moter skills)

How does your child communicate his needs/feelings?

C Sleeping Habits

What is our child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping or going to bed)

Does your child require a "favourite something" to rest? What is it? Please feel free to send it with your child

D. Personality Traits

Describe your child's personality (ie trusting, shy, angry, happy, sad, curious, active, anxious, fearful, affectionate)

Has your child had opportunities to play with other children? (ie church, neighbours, play groups, relatives)? Yes No

Further comments: _____

Does your child make friends easily? Yes No
Please explain:

How does your child respond to adults?

How does your child respond to change? (ei separation from parents/guardians, routine transitions, scheduling, introduction of new foods)

Are there any hints/suggestions you could share with us to make your child's transition to the centre a positive one?

E. The "Good Things in Life"

What does your child like to do? (ie look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer/TV, imaginative play/dress-up)

What doesn't your child like to do?

The time I enjoy best during the day with my child is:

Because:

The thing that frustrates me most in trying to care for my child is: _____

Because:

I would describe my child as: _____

What I like best about my child is:

What concerns me most about my child is:

One of our favourite family activities is:

General Comments: ie expectations

Attendance

If your child will not be attending on any registered day, notification must be given to the Club prior to the scheduled arrival time. When dropping off a child, parents must check in with a staff member before leaving their child at the Club.

User Fees

A one week deposit is required at the time of registration that will be credited towards the first one week of registration. Registration fees must be pre-paid two weeks in advance for the duration of the program. Post-dated cheques will be accepted for your convenience. A \$25 handling fee will be charged for any NSF cheques. Two weeks notice must be given if the child will not be returning or not attending for a period of longer than one week.

Hours of Operation

Our Pre-school Program days and hours are specific to each facility. Parents may be charged \$5 for every 5 minutes that they are late picking up a child. Fees will be added to your account if not paid at the time of arrival. This program closes when school district 18 is closed for school closures or due to storms.

Statutory Holidays

This program will be closed for statutory holidays. Regular weekly rates will be charged.

Illness and/or injury

Parents should not send a child to the club if s/he is ill. Due to new Public Health illness tracking forms, parents must also inform the Club of what type of illness caused their absence, eg: cold, flu, diarrhea, etc. Parents must inform the Club if a child contracts a contagious disease as soon as the diagnosis is made. A parent must complete a medicine permission slip before Club staff can administer any medicine to a child. Parents will be expected to pick up, as soon as possible, a child that has become ill or injured at the Club.

Emergency Transportation Policy:

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I(we) authorize the operator, administrator or staff of Fredericton Boys' And Girls' Club, Inc. to take whatever emergency measures are necessary for the protection of (our) my child while in their care. I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my(our) child to a hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

External Outing Waiver

I (we) give permission to the Fredericton Boys' and Girls' Club to transport my (our) child/ren to and from external activities by public transportation. I understand that the Fredericton Boys' and Girls' Club will make every effort to notify me(us) in advance of the outing, but that changes to the schedule due to weather, or other factors may prohibit the Club from contacting me(us). I also understand that all field trips and outings will return to the Club by 5 pm. A schedule of planned trips will be made available to parents in advance and parents will be required to notify the Club of any trips that their child will NOT be permitted to go on.

Publication Consent

I (we) give permission to the Fredericton Boys' and Girls' Club to use pictures of my child and/or his or her first name for purposes of advertising or promoting the Club's activities. I (we) understand that all other personal information about my (our) child will be kept private and confidential, and that photos and first names will only be used in good faith by the Fredericton Boys' and Girls' Club. Parents will be notified when pictures will be used for Television or Newspaper purposes.

Service Agreement

By signing below you are indicating that you are registering your child in the Fredericton Boys' and Girls' Club After-School Program and that you have read and agree to all of the related policies stated above and those included in the PARENT MANUAL. In consideration of the Fredericton Boys' and Girls' Club Inc. accepting the above minor as a member and/or permitting him/her to enjoy the facilities of the said, the undersigned parent or guardian on behalf of himself/herself and on behalf of the minor applicant, do waive and release each and every right or claim for negligence we and each of us have or may have against the Fredericton Boys' and Girls' Club Inc. its agents, employees, servants or representatives for all and any injuries, accidents or mishaps occasioned by or to above named minor while participating in the activities of or in the care of the said Fredericton Boys' and Girls' Club, Inc.

Signature of Parent/Guardian: _____ Date: _____



Boys & Girls Club
of Fredericton

Administration of Acetaminophen Consent Form

This authorizes staff of the Fredericton Boys and Girls Club Skyline Acres Facility
 Devon Facility
 Estey's Bridge Facility

to administer acetaminophen to _____
name of child

providing the procedures outlined below have been taken.

1. At the first sign of the following symptoms (i.e. fever) – **To be completed by the parent:**

2. Take the child's temperature and record it in the child's daycare file, including time and date.
3. Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Be sure to have the parent confirm with you the dosage to be administered.
4. Administer the medication in accordance with the parent's directions.
5. Ensure that the parent signs the appropriate space upon their arrival at the day care centre to confirm that he/she was consulted and is in agreement with the dosage given.

I agree with this procedure and give my consent.

Parent/guardian signature

Date



Boys & Girls Club
of Fredericton

Sunscreen and Bug Spray Consent Form

During the entire summer and at the beginning and end of the after-school and pre-school program parent(s) will be required to send labeled bottles of sunscreen and bug spray for their child's individual use.

If you choose to not send sunscreen or bug-spray then your child will be required to wear a hat and long sleeved shirt when outside.

In an effort to keep your child safe and protected, if neither of these two requests are met you will be contacted immediately and will need to pick up your child as this is something we must take seriously. We thank you for your co-operation and understanding.

Consent for sunscreen and bug spray

I _____ give permission for the staff of the Fredericton
parent's name

Boys and Girls Club to assist applying sunscreen and bug-spray to _____
child(ren)'s name(s)

I have sent a labeled bottle of sunscreen and bug-spray.

Confirmation of intent to not use sunscreen and bug spray

I _____ have decided to send a hat and long sleeve shirt as I do not
parent's name

wish for _____ to wear sunscreen or bug-spray and I understand
child(ren)'s name(s)

that if I do not send this in that I will be notified and will need to pick up my child(ren).

Parent/guardian signature

Date