



Registration Package



Friends of Tigger's **Before and After School Care** **Friends of Tigger's Summer Camp**

Friends of Tigger's is an afterschool care facility in a Christian environment with values to help promote a loving and nurturing place for children to grow and play.

Princess Location

Kindergarten to
Grade 5
1161 Princess Ave
Victoria BC
250-889-9125



Caledonia Location

Grade 2 and up
1110 Caledonia Ave
Victoria BC
250-208-6014

Tigger's recognizes and acknowledges that it is operating on the traditional territories of the of lək'wəŋən, Songhees, Esquimalt and W̱SÁNEĆ peoples. We understand that we have a responsibility in doing our part to promote healing, truth, and reconciliation for Indigenous communities in ways that are Indigenous led and culturally sensitive.

Please read through each section of the registration package thoroughly, ensuring to initial and sign where indicated.

Once complete, please e-mail the registration package to:

Undertheumbrellainc1161@gmail.com

Registration Package Checklist:

Ensure that you complete all the required pieces of the registration package and then hand in the package BEFORE your child starts at the center. You can drop off a hard copy of the package to the center or you can e-mail a **(completely filled out)** file to Undertheumbrellainc1161@gmail.com. Use this email if you have any questions or feel free to call Raymonde at 250-818-7677.

- ___ Thoroughly read through the policy agreement
- ___ Fill in the amount you are paying for the deposit and registration fee
- ___ Pay the deposit and registration fee to hold your spot if you have not yet done so. (You can pay through e-transfer to undertheumbrellainc1161@gmail.com or in cash at the center.)
- ___ Sign that you have read and accept the policy agreement
- ___ Sign the child release form
- ___ Initial the summer camp and afterschool care parental fee agreement
- ___ Fill in the child's file information sheet
- ___ Follow us on Instagram and Facebook if you'd like to stay connected through social media
- ___ Opt out of website photos if you do not want your child's face on our website
- ___ Fill out the registration form
- ___ Fill out ALL THREE emergency information cards
- ___ Fill out and sign your child's care plan(s) if applicable
- ___ Include two recent photographs of your child for their file
- ___ Include an up-to-date photocopy of your child's immunization record
- ___ Bring a full change of your child's clothing in a bag to kept at the center incase they need it
- ___ Create your child's emergency kit: Include the following in a Ziplock bag and hand it in when you hand in the registration package or on your child's first day of care:
 - ___ A picture of your family
 - ___ A written note of comfort to your child
 - ___ An emergency blanket
 - ___ Juice box or water bottle (to be replaced when expired)
 - ___ Snacks such as granola bars and fruit leathers (to be replaced when expired. NO NUTS)
 - ___ \$10 to replenish supplies

FRIENDS OF TIGGER'S CHILDCARE POLICY
PARENTAL AGREEMENT

HOURS:

7:30a.m. to 5:30 p.m. — MONDAY TO FRIDAY.
CLOSED ON ALL STATUTORY HOLIDAYS.

1. FEES:

PRESENT FEES:

- REGISTRATION FEE: _____ \$80.00 (*non-refundable*)
- DEPOSIT FEE: _____ \$100.00

MONTHLY FEES:

- a) Kindergarten Am/Pm Care _____ \$514.00/month
Pm Care Only _____ \$475.00/month
- b) Grade 1-up Am/Pm _____ \$438.00/per month
Pm only _____ \$400.00/per month
Am only _____ \$200.00/per month

OTHER FEES:

- c) Pro-D Day _____ \$40.00 (without subsidy)
- d) Early Dismissal _____ \$20.00 (per day)
- d) Drop-in rate _____ \$55.00 per full day
- e) Hourly rate _____ \$18.00 per hour
- f) Transportation fee _____ \$55.00 per month

SUMMER FEES:

- g) Summer Care Fee: _____ \$820.00/month or \$225/week
July & August, Grade 1 and up

HOLIDAY FEES:

- h) Spring/Christmas Break: _____ \$210.00 (per week)

ACTIVITY FEES:

h) Throughout the year during Pro-D days and Spring and Summer break Tigger's takes the kids for field trips, some of which require payment from parents to cover the entry or activity cost of their child's participation. Tigger's will notify parents of these activities in advance through the monthly calendar and verbal check-ins from staff.

SUBSIDY FEES:

i) Parents receiving government subsidy are responsible for renewals. If your subsidy form is not renewed and received at the center by the first day of the month, the full fee must still be paid in full.

j) Proof of daycare subsidy must be shown before a child may start at the center, or half of the fee is due at time of start date. This will be reimbursed (not including deposit) when subsidy is received.

2. FEES & SUBSIDY STRUCTURE:

a) FEES:

- All fees are paid by e-transfer on the 1st of the month. (Cash is no longer being taken).
- Payments are to be by the first day of each month.
- A late charge of \$50.00 will be applied to fees that are late (received after the 1st) unless arrangements have been made directly with Raymonde.
- If your fees become more than 1 month in arrears on your account, your child(ren) cannot be accepted to Friends of Tigger's until **all** fees are paid.
- If there is a problem with your fees, please call Raymonde to resolve any hardship you may be having.

b) SUBSIDY:

- Parents are responsible for renewing their applications before their expiration date.
- If confirmation is not made before the expiration date, the parent will pay the full fee until renewal is approved.
- If the subsidy is not renewed within the month it has expired, you will be expected to pay the full amount until it is renewed.

c) PROOF OF SUBSIDY:

- Authorization numbers must be received BEFORE child starts at the center or half of fee is due at start date which will be reimbursed when subsidy is received.

d) PARENT REDUCTION FEE PROGRAM:

- All parents (including those already receiving subsidy) qualify for the parent reduction fee program as of December 1, 2022.
- You don't need to take any action as your reduction will be organized and applied by our admin team and the total amount that families will save will be based on the number and ages of your children and the type of childcare they receive.
- Please contact Raymonde directly with any questions.

e) NSF CHARGES:

- There will be a charge of \$25.00, for any NSF cheques and a \$50.00 late fee.
- If your fees become more than two (2) weeks in arrears in your account, your child/children will not be accepted to Friends of Tigger's until all fees are paid.

f) DEPOSIT:

- \$100.00 for all day Kindergarten & Grades 1-5
- Deposit **MUST** be paid before the child starts.
- The \$100 will be returned 30 days after child has left the center as long as proper notice was given for withdrawal.
- Withdrawal of the center must be made a month in advance, on the 1st of the child's last month.

g) REGISTRATION FEE:

- \$80.00 non-refundable deposit **MUST** be paid at time of registration.
- The deposit holds your child's space in the center.
- Parents get \$10.00 off for each additional sibling.

h) LATE FEE:

- \$50.00 to be applied for any fees not received by the 2nd of the month.
- If fees have not been received by the 15th of the month, your child will not be accepted at the center until ALL fees are paid in full.

3. POLICIES AND AGREEMENTS:

a) BEHAVIOUR AND CONDUCT:

- If a child's behaviour becomes abusive and uncontrollable and is deemed too dangerous to have at the center, notice will be given, and parents will have up to two weeks to find alternative care.
- If a parent's behaviour becomes abusive and/or inappropriate language is used towards the staff, children, or other parents, a verbal warning will be given. If the parent chooses not to adhere to the warning, the police will be contacted.
- If this behaviour by the child or the parent continues, the parent will be given notice immediately; not to return to the center and to find alternative care. Your deposit and unused fees for the month will not be returned.

b) DROP-OFF:

- If your child is in the morning transportation program, you must have them there no later than 8:10am.
- During Pro-D Days, Spring Break and our Summer Program children must arrive at the center no later than 10am unless special arrangements have been made with Raymonde.

- If your child does not arrive on time, we will not be able to take your child for that day.
- You agree to keep the staff informed of any event or change of routine that might affect your child's behavior, such as big changes, stress within their family, trouble at school etc. (This will allow us to support you and your child through anything that may require some extra care and sensitivity.)

c) PRO-D DAYS

- Must sign up
- First come first serve
- Additional charge: \$40
- If your child does not come for that day but is still on the sign-up sheet you will still be charged for the space taken up.

d) PICK-UP:

- You must provide a written notice if someone else is picking up your child that is not on the registration form. Picture identification will be required.
- The center MUST be notified no later than 2pm if you child does not need pick up from school on one of their regular pick-up days. A fee of \$50 will be added to the monthly invoice each time if we are not notified.

e) LATE PICK-UP:

- A late fee of \$50.00 will be applied for each child picked up after 5:30 pm. This late fee will be applied to your following month's fee.
- If a child remains after 5:45 pm we will begin calling emergency contacts obtained from your registration form.
- If a child remains after 6:00 pm then the appropriate authorities will be notified.

f) OBSERVATION PERIOD:

- A two-week observation period is in place. A parent or staff member may choose to terminate the care agreement not later than two weeks after the child starts. The registration fee will be returned should the staff choose to cancel the agreement. The deposit pays the two-weeks of care in this case.
- Should the parent(s) choose to cancel care, there will not be a refund unless special arrangements are made with the owner (Raymonde).

g) WITHDRAWAL:

- There must be 30 days notice, written and be received by a staff member before the first (1ST) day of the month to be valid. Notices received after the first (1ST) will not be considered valid and you will be charged that month's fee.

h) PART-TIME PARENTS:

- Days reserved for your child cannot be changed to other days unless a holiday falls on that day or prior arrangements have been made directly with Raymonde.
- Special permission must be given before any pre-arranged days can be changed.

i) SPECIAL EVENTS:

- Children's Birthdays: Parents are welcome to bring a cake or cupcakes for an afternoon celebration.
- Christmas Concert: Each of our centers puts on a holiday concert by the children for their parents, we encourage parents to attend and enjoy!

j) NEWSLETTER/CALENDARS:

- Monthly newsletters and calendars will be issued to families to inform you of your child's upcoming trips, special activities, and various themes.
- They will be sent out by email and also be available in hardcopies that parents can pick up at the center.

k) TOYS FROM HOME:

- We discourage any toys brought from home.
- We will have special days outlined on our calendar for your child to bring a small, special toy. On these days, have the item clearly labeled with your child's name as toys are easily lost or broken.

l) CENTER CLOSURES:

- There will be no refunds if the center is forced to close for reasons including but not limited to; unsafe weather conditions, sickness prevention protocols (including covid).

4. LUNCHES & SNACKS:

a) FOOD QUALITY:

- Parents are requested to provide a healthy, nutritious lunch and snack every day. Please do not send foods with a high sugar content or "junk food". All containers must be clearly labeled.

b) SNACK TIME:

- In an event that your child behaves in an unsafe manner during lunch or snack time, they will be redirected and then given the opportunity to rejoin the group. At this time, they have the opportunity to try again to eat in a safe manner. Food is never withheld or treated as punishment or as a reward.

c) ALLERGIES/NO NUTS AND SEEDS:

- WE ARE A NUT AND SEED FREE CENTRE! Please do not send any kind of nuts, seeds, peanut butter sandwiches, or any foods that may contain any form of nuts or seeds.
- Also, please be aware of any use of peanut oil, sesame oil, nuts, or seeds as ingredients in food items and do not bring these to the center.

5. FIELD TRIPS:

- Sometimes children will be taken on field trips away from our Friends of Tigger's centers.
- The owner and/or staff of Tigger's are not liable for accidental injury or illness that might occur on the premises, outside the premises, on field trips, and/or in the daycare vehicle.
- We are happy to provide a booster seat for any child that needs one.

6. HEALTH AND SAFETY:

a) CHILDREN INJURIES AND/OR ILLNESS:

- Under the Umbrella Inc. holds no liability to any injuries or illness that may occur at the center. It is the responsibility of the parent to cover any costs that may occur due to injury or illness.

b) SICK CHILD/ILLNESS:

- The staff have the right to refuse admission to a child who appears too ill to be at the center.
- I will keep the staff informed of any event or change of routine that might affect my child's behaviour.
- If a child becomes ill during the day, the staff will contact the parent(s).
 - If the parent(s) cannot be located:
I authorize the staff to:
 - * Make arrangements to put the child in the care of an alternate person named on the registration.

c) APPROPRIATE ATTIRE:

- You must provide adequate clothing (coat and boots for winter, hat and sunglasses for summer, etc.)
- All children must have a clean change of clothes that fit to be left at the center.
- Due to safety concerns, no sandals please.

d) EMERGENCY PROTOCOL:

- In the case of an emergency, the staff will contact the parent(s).
 - If the parent(s) cannot be located:
I authorize the staff to:
 - * Call my family physician
 - * Call the alternate person(s) named on the enrollment form
 - * Take the child to the hospital (which may be by ambulance)

e) INCIDENT REPORTS:

- Any time there is an incident involving your child at the center, such as an injury or serious behavioral issue the staff will document it in a report that you must read and sign.

f) MEDICATION ADMINISTRATION:

- Staff members will not administer your child any medicine without your written permission. Please fill out the medication administration section of your child's care plan if needed.
- **All immunization** records will be submitted **before** my child's start-date at the Center.
- An **up-to-date** picture of your child(ren) will be submitted **before** their start date at the center
- All known allergies must be documented on both the application and emergency cards.

7) ONLINE MEDIA:

- Photographs of the children are taken regularly throughout the year during activities and special events to help showcase what our centers have to offer.
- The photos are displayed in hard copy on display boards within the centers.
- The photos that are used on our Instagram and Facebook pages will have the faces of all children in the photos shielded from the public eye.
- All photos on our website show the faces of our kids, if you do not want your child's identity shown on our website you must OPT OUT by emailing TiggersMedia@gmail.com and include your name and the name of child, which center they attend and a clear statement telling our media director to keep your child's identity off the website.

Follow Us on Social Media!

Facebook Group: Tigger's Playschool

Instagram Page: @tiggerschildcare

8) PARENT FEEDBACK:

- Your concerns are our concerns and if you have anything you feel needs to be addressed, please do not hesitate to contact your center's manager or Raymonde directly.

Parent Signatures:

Registration amount paid: _____ Deposit amount paid: _____
(Non-Refundable 12 hours after policy is signed)

Child's Name: _____

Parent/Guardian Signature(s): _____

Signing acknowledges that the parent or guardian has read, understands, and accepts the terms and conditions of this policy.

Start Date: _____

Finish Date: _____ (if applicable)

CHILD RELEASE FORM
FRIENDS OF TIGGER'S Afterschool Care
1161 Princess Ave./1110 Caledonia Ave, Victoria, BC

1) LATE PICK UP:

If a guardian has not picked up a child or has not called by 5:30pm the caregiver will try to contact the family and then alternative person/s from the authorized pick-up list. If that person is unavailable and the parent has not contacted the caregiver by 6:00pm, the caregiver is required to notify the Ministry for Children and Families. A late fee of \$50.00 will be applied for each child picked up after 5:30pm. If late pick up is an ongoing problem and reasonable effort has been made by staff to solve it, then notice of termination of service may be given.

2) UNAUTHORIZED PICK UP:

The guardian is required to notify the caregiver in writing if someone else will be picking up the child. If the caregiver does not know the person picking up the child, information about the person will need to be provided (name, phone number, physical description). The person will be asked to show photo identification. If an unauthorized person arrives to pick up a child, the child will remain under the supervision of the caregiver. The caregiver will speak to the individual and explain the policy that no child will be released without written authorization from the guardian. If difficulties arise, all reasonable efforts will be made to ensure the safety of the child and other children. If necessary, the police will be called for assistance.

3) ALLEGED IMPAIRED PICK UP:

It is the caregiver's responsibility, to the extent that it is possible, not to release a child to an authorized person who is unable to adequately care for a child. If the caregiver believes that a child will be at risk, the caregiver will offer to call a relative or friend to pick-up the person and child. If the person is driving a vehicle, the caregiver will explain that driving while under the influence of drugs or alcohol is against the law and that the caregiver is obligated to ensure the safety and wellbeing of the child. If the presumed impaired person chooses to get in the car with or without the child, the caregiver will immediately notify the police and provide description of the car and geographic vicinity. If the caregiver believes that the child is in need of protection, the caregiver will call the Ministry for Children and Families.

4) CUSTODY AND RELATED COURT ORDERS:

If a custody or court order exists, a copy of the order needs to be placed in the child's file. The guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling partner. If the non-enrolling parents are not listed on the authorized pick-up list, the policy on unauthorized persons will be implemented. The guardian will provide all consents.

Date: _____
Date: _____

Signed: _____
Signed: _____

Friends of Tigger's Parental Contract

PLEASE INITIAL EACH SECTION:

_____ I agree to pay the fee of _____ by the 1st of the month. I will submit six months post-dated cheques to the center or e-transfer my monthly payments on the first day of each month. I am aware this is required during registration.

_____ I agree to pay the fee of _____. Subsidy portion is _____, Parent Reduction Fee is (admin will fill in) _____ and my parent portion fee is _____.

_____ I am aware that fees may be subject to change. A change is expected when the new subsidy is established.

_____ I am aware of the late fee policies.

_____ I am aware that I am responsible to keep my subsidy renewed and to keep the daycare informed if there is a problem.

_____ I am aware of the withdrawal policy and know that if I do not give notice on the 1st of the month, deposit paid will not be returned.

_____ I understand that if my fees are outstanding, I will be refused service until arrangements for payments are made.

_____ I understand the late pick-up fee of \$50.00 will be applied to my monthly invoice and that after 6:00 p.m. other arrangements for my child will be made at the owner's discretion.

_____ I understand that if my child's behaviour becomes abusive or uncontrollable or becomes a safety issue to staff and/or other children, I will be called to remove them. After three incidents, a meeting will be set with the owner to discuss options.

_____ I understand that the center is not liable for any cost that may occur due to illness and /or injuries during the time my child is at the center.

_____ I have read and understand and do agree to the terms and conditions of friends of Tigger's policies and procedures as set out in the Parent Information Package and This Registration Package/Parent agreement contract.

_____ I have received Friends of Tigger's parent package and the parent agreement contract.

Parent/Guardian signature(s): _____

Date: _____

Children's File Information/Emergency Contacts:

Name of Childcare Center: _____

Child's Full Legal Name: _____

Home Address: _____

Child's DOB : (M/D/Y) _____

Child's School: _____

Child's Grade When Started Care: _____

Parent's/Guardian's Name (N), Relation to Child (R), Contact Phone Number (#):

(Please include as many as possible. Example : Birth Parents, Grand Parents, Step Parents, Foster Parents, etc.)

I consent to the following people being allowed to pick up my child from the center on my behalf and understand that my child will not be released to them unless they provide photo ID that matches the name I have provided below, I also understand that I must notify the center if an alternate caretaker is picking up my child:

| | | |
|----------|----------|----------|
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |
| N: _____ | R: _____ | #: _____ |

To reduce paper waste, we are doing are part by asking parents for their email to have the calendar and newsletter emailed to them.

Parents Email Address: _____

Parent Signature

Date

Emergency Information Cards:

Ensure to fill out ALL THREE cards as these provide the crucial information that we will need with us when we are away from the center, at the park and on field trips as well as provide quick view during emergency situations. Your child(ren) cannot start at the center until all the cards are filled in and signed.

| | |
|--|--------------------------------|
| Child's Name: _____ DOB: _____ (Last) (First) (D/M/Y) | |
| Gender: __ M __ F __ Other Preferred Pronouns: _____ | |
| Home Address: _____ (Postal Code) | |
| Parent/Guardian: _____ (Name) (Cell Phone) (Work Phone) | |
| Parent/Guardian: _____ (Name) (Cell Phone) (Work Phone) | |
| Emergency Contact: _____ (Name) (Cell Phone) (Work Phone) | |
| Child's Doctor: Name: _____ # _____ (Please put the name and number of the medical clinic the child goes to if you do not have a family doctor) | |
| Child's Dentist: Name: _____ # _____ | |
| Medical Number: _____ Allergies: _____ | |
| Medications: _____ | |
| Medical Conditions: _____ _____ | |
| <u>Child Emergency Information Card:</u> | <u>Permission Form:</u> |
| <p>1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.</p> <p>2. I authorize the staff at the _____ childcare facility to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.</p> | |
| Date: _____ Parent/Guardian Signature: _____ | |
| Date: _____ Parent/Guardian Signature: _____ | |
| Undertheumbrella Inc. | |

Emergency Information Cards:

Child's Name: _____ DOB: _____
(Last) (First) (D/M/Y)

Gender: M F Other Preferred Pronouns: _____

Home Address: _____
(Postal Code)

Parent/Guardian: _____
(Name) (Cell Phone) (Work Phone)

Parent/Guardian: _____
(Name) (Cell Phone) (Work Phone)

Emergency Contact: _____
(Name) (Cell Phone) (Work Phone)

Child's Doctor: Name: _____ # _____
(Please put the name and number of the medical clinic the child goes to if you do not have a family doctor)

Child's Dentist: Name: _____ # _____

Medical Number: _____ Allergies: _____

Medications: _____

Medical Conditions: _____

Child Emergency Information Card:

Permission Form:

3. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

4. I authorize the staff at the _____ childcare facility to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Emergency Information Cards:

Child's Name: _____ DOB: _____
(Last) (First) (D/M/Y)

Gender: __ M __ F __ Other Preferred Pronouns: _____

Home Address: _____
(Postal Code)

Parent/Guardian: _____
(Name) (Cell Phone) (Work Phone)

Parent/Guardian: _____
(Name) (Cell Phone) (Work Phone)

Emergency Contact: _____
(Name) (Cell Phone) (Work Phone)

Child's Doctor: Name: _____ # _____
(Please put the name and number of the medical clinic the child goes to if you do not have a family doctor)

Child's Dentist: Name: _____ # _____

Medical Number: _____ Allergies: _____

Medications: _____

Medical Conditions: _____

Child Emergency Information Card:

Permission Form:

5. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
6. I authorize the staff at the _____ childcare facility to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Child Care Plan (If Applicable)

The child care plan is to be filled out if your child has any specialized needs due to atypical conditions such as, but not limited to, physical differences, anxiety, ADHD, FAS, autism, trauma, emotional dysregulation, etc. The child care plan should also be filled out if your child is experiencing significant stressors in their life outside of our center, such as parental separation, losses in the family, foster care changes, difficulties at school, etc. Giving our staff an outline so that your child can receive the extra care and attention needed for them to thrive is important to us. Please fill in the form thoroughly and provide as much information as possible.

Child's Name: _____

Child's Condition(s): _____

Please describe your child's specialized needs:

Potential triggers for my child:

Signs that my child is becoming distressed:

The best ways to help my child de-escalate or feel safe and calm again are:

After an episode the best thing for my child to do to decompress is:

Child Care Plan Cont.

My child likes the following activities:

My child dislikes the following activities:

My child requires a one-on-one aid: YES NO

If yes, please reach out to Raymonde directly ensure your child has the support worker they need. Children who qualify through the appropriate assessment authorities and are granted funding will receive an aid provided by our centers.

My child takes medication daily that must be administered by the staff: YES NO

Type of medication(s):

Time(s) of day medication must be given:

How to administer the medication (please include if the medication must be taken with water, juice, food or on an empty stomach):

I _____, legal guardian of _____, give my permission for my child to be administered the medication listed above in the way I have directed by Tigger's staff while in their care. I have filled out my child's care plan to the best of my knowledge and will keep the Tigger's staff notified with any changes to ensure my child's care stays up-to-date regarding their specialized needs. I understand that this care plan must be completed and given to the center BEFORE my child's start date.

Signature: _____ Date: _____

Signature: _____ Date: _____

Child Allergy Emergency Plan (If Applicable)

The child emergency plan is to be filled out if your child has any allergies, so that our staff can take extra care to prevent exposure. It is also the resource the staff will have on hand in the unlikely event that the child does have a reaction. Please fill the form out thoroughly, including as much information as possible.

Child's Full Legal Name: _____

Allergic To: _____

Severity: Mild Moderate Severe

If the child is exposed and begins having a reaction staff are to:

Does the child have a(n):

EpiPen: Y N

Antihistamines: Y N

Other: _____

Medication Location at the Center: (Filled in by staff) _____

I _____, guardian of _____
give my consent to the staff at Tigger's Childcare Centers to administer the above medication(s) to my child in the event of an emergency consisting of an allergic reaction if the staff believe it is necessary, and I understand that if my child needs emergency medical attention I will be contacted after paramedics have been called and Tigger's Childcare Centers are not liable for any costs involved in any incident related to my child experiencing an allergic reaction.

Signature: _____

Date Signed: _____

Child's Medical Number: _____

CHILD CARE REGISTRATION FORM

(Include two up-to-date photos of your child)

FACILITY

NAME OF FACILITY: _____ DATE OF ENROLLMENT: _____
(YYYY/MM/DD)

FIRST DAY OF ATTENDANCE: _____ LAST DAY OF ATTENDANCE: _____
(YYYY/MM/DD) (YYYY/MM/DD)

CHILD

NAME OF CHILD _____
SURNAME GIVEN MIDDLE

NAME CHILD RESPONDS TO: _____ GENDER: F M Other
HOME ADDRESS: _____

CHILD'S DATE OF BIRTH: _____
(YYYY/MM/DD)

PARENTS/GUARDIANS:

FULL LEGAL NAME: _____

PLACE OF WORK: _____ WORK PHONE #: _____

DAYS WORKING PER WEEK: _____ WORK START/FINISH TIMES: _____

FULL LEGAL NAME: _____

PLACE OF WORK: _____ WORK PHONE #: _____

DAYS WORKING PER WEEK: _____ WORK START/FINISH TIMES: _____

FULL LEGAL NAME: _____

PLACE OF WORK: _____ WORK PHONE #: _____

DAYS WORKING PER WEEK: _____ WORK START/FINISH TIMES: _____

FULL LEGAL NAME: _____

PLACE OF WORK: _____ WORK PHONE #: _____

DAYS WORKING PER WEEK: _____ WORK START/FINISH TIMES: _____

MEDICAL INFORMATION:

FAMILY DOCTOR: _____ DOCTOR PHONE # _____

MEDICAL INSURANCE PLAN # _____ DATE EFFECTIVE: _____

(YYYY/MM/DD)

ALTERNATE PERSON(S) TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS)

AUTHORIZED TO PICK UP CHILD FROM FACILITY:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PERSONS NOT PERMITTED TO ACCESS CHILD:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

ARE THERE CUSTODY ORDERS? Y N IF YES PLEASE ATTACH DOCUMENTATION

NAMES OF OTHER CHILDREN LIVING AT HOME:

NAME: _____ DATE OF BIRTH: _____
(YYYY/MM/DD)

NAME: _____ DATE OF BIRTH: _____
(YYYY/MM/DD)

NAME: _____ DATE OF BIRTH: _____
(YYYY/MM/DD)

HAS CHILD HAD PREVIOUS EXPERIENCE BEING AWAY FROM HOME?

(DAYCARE, PRESCHOOL, SUNDAY SCHOOL ETC) Y N

IF YES, EXPLAIN: _____

WHERE: _____ DATES OF ATTENDANCE: _____

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS?) Y N

EXPLAIN: _____

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? Y N IF YES, ATTACH DOCUMENTATION

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:

HAVE THEY HAD ANY RECENT ILLNESS? Y N IF YES, PLEASE LIST:

ANY ALLERGIES: Y N IF YES, PLEASE LIST AND ALSO ATTACH INSTRUCTIONS TO FOLLOW IN CASE OF ALLERGIC REACTION:

WHAT IS THE CHILD'S EATING HABIT? _____

FAVOURITE FOODS: _____

STRONG DISLIKES: _____

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN
 (ATTACH IMMUNIZATION RECORD – OR RECORD THE DATES)

| | |
|---|---|
| First Visit – Two Months of Age: (YYYY/MM/DD) | Fourth Visit – 12 Months of Age: (YYYY/MM/DD) |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Meningococcal C Conjugate |
| <input type="checkbox"/> Haemophilus Influenza Type b (hib) | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Pneumococcal Conjugate | |
| <input type="checkbox"/> Meningococcal C Conjugate | |
| Second Visit: (YYYY/MM/DD) Two Months After First Visit | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Pertussis |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Haemophilus Influenza Type b (hib) | <input type="checkbox"/> Haemophilus Influenza Type b (hib) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Measles, Mumps, Rubella |
| <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Pneumococcal Conjugate |
| Third Visit: (YYYY/MM/DD) Two Months After Second Visit | 4 to 6 Years of Age: (YYYY/MM/DD) |
| <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Haemophilus Influenza Type b (hib) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Diphtheria |
| | <input type="checkbox"/> Pertussis |
| | <input type="checkbox"/> Tetanus |
| | <input type="checkbox"/> Polio |
| | <input type="checkbox"/> Varicella (chicken pox) |
| | Other Immunizations: |
| | YYYY/MM/DD: |
| | YYYY/MM/DD: |
| | YYYY/MM/DD: |

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

Parent/Guardian Signature: _____

Date: _____

Caregiver Signature: _____

Date: _____