



LICENSED GROUP CHILD CARE
MEMBERSHIP APPLICATION FORM

Registration form will not be processed until all sections are complete and payment is received.

~ SECTION 1 ~ MEMBER INFORMATION

Name: [] Home Phone: [] Start Date: []
Address: [] Postal Code: [] End Date: []
City: [] Date of Birth: [] Female Male Age: []

~ SECTION 2 ~ PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: [] Day Time / Work Phone: []
Email: [] Cell Phone: []
Parent/Guardian Name: [] Day Time / Work Phone: []
Email: [] Cell Phone: []

Member currently lives with: Mother Both Parents In Care
 Father Shared Custody Other: []
Custody Arrangement: Yes No IF YES, YOU MUST ATTACH CUSTODY/COURT ORDER

~ SECTION 3 ~ EMERGENCY INFORMATION (Two contacts MUST be provided OTHER THAN PARENT/GUARDIAN)

Emergency Contact #1: Name []
Phone: [] Alternate Phone: [] Relationship: []
Emergency Contact #2: Name []
Phone: [] Alternate Phone: [] Relationship: []
Child's Care Card Number: [] Family Doctor: [] Phone: []
Family Dentist: [] Phone: []

~ SECTION 4 ~ HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs. (Check appropriate boxes)

Hearing Speech Other []
 Visual ADHD/ADD Other []
 Physical Autism Spectrum Disorder Other []
 Asthma Medical or Health Conditions/Restrictions Other []
 Behavioural Concerns Emotional/Psychological No Considerations
 Allergies
 Seizures

~ SECTION 4 ~ HEALTH & SPECIAL CONSIDERATIONS

Please explain further what these considerations are?

How can our staff better meet your child's needs?

My child currently receives funding for 1:1 support.

Please specify funding program/agency:

Please list any medications your child is currently on:

****Please Note: A staff member may contact you for further clarification or to set up a care plan. Failure to disclose any health and/or safety considerations may result in withdrawal from program if the club is unable to accommodate the needs of your child****

~ SECTION 5 ~ CHILD PICK UP INFORMATION

I, the parent/guardian or the designate(s) listed below (including emergency contacts listed in Section 3), will pick up my child at the program completion time.

Designated person(s) to pick up my child:

Name & Phone#

Name & Phone#

Name & Phone#

Name & Phone#

Signature of Parent: _____

Date:

****Please note: Our late pick up policy is that you will be charged \$5 per 5 minutes late. ****

DO NOT RELEASE Please list those who under any circumstances are NOT ALLOWED ACCESS (release of child or on site visit). *****If possible, provide recent photo(s)*****

Name

Relationship:

Name

Relationship:

~ SECTION 6 ~ IMMUNIZATION RECORD

My child is up to date on all immunizations (record must be attached).

I choose not to immunize my child and agree to temporarily withdraw my child from the program should the community be facing an epidemic.

**In the event that I cannot immediately be reached, I authorize
VWCA Staff to call a medical practitioner or ambulance in case of accident or illness.**

Parent/Guardian Signature _____

Date: _____

~ SECTION 7 ~ CURRENT PHOTO (MUST BE RECOGNIZABLE)



I give permission for photographs of my child to be used for publicity purposes connected with the promotion of the Victoria West Community Centre

Yes No Parent/Guardian initials:

~ SECTION 8 ~ LICENSED GROUP CHILD CARE MEMBERSHIP APPLICATION CHECKLIST

Please ensure all of the items on this checklist have been completed and attached prior to registration. Incomplete registration forms will not be processed and space will not be reserved for your child or family.

Once completed, please return this form and all attachments to our administration office.

<input type="checkbox"/>	Registration form completed and signed
<input type="checkbox"/>	Immunization records attached
<input type="checkbox"/>	Recent photo of your child
<input type="checkbox"/>	Legal copy of custody restrictions (if applicable)
<input type="checkbox"/>	Government subsidy authorization (if applicable)
<input type="checkbox"/>	Deposit cheque (if applicable)

Note: You will be contacted by mail to confirm your registration.

*****OFFICE USE ONLY*****			
Date Received: _____	Time Received: _____	Confirmation Sent: _____	Entered in SV: _____
_____ Staff Verification Signature			