



## Child Care Centre

### NATURE PRESCHOOL REGISTRATION FORM

*The Cridge Centre for the Family collects personal information on this form for reasonable and obvious purposes such as verifying identity, enrolling in a service, to secure contact information, and to meet regulatory requirements. This information will never be used for purposes outside of the obvious without your permission.*

Please sign the following statement:

I / we, \_\_\_\_\_, the parent(s) and/or  
legal guardian(s) of our child, \_\_\_\_\_, declare that I / we have read  
and understand the Centre's Admission Policies and Procedures.

**This includes the policy which states, "After a space has been accepted by the parent / guardian and the child is subsequently withdrawn prior to starting in the Centre, a 15% administration fee will be withheld from the original deposit (the balance will be refunded)."**

Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

----- For Office Use Only -----

Application received on \_\_\_\_\_ by \_\_\_\_\_

Start date \_\_\_\_\_

\$100 Deposit received (to be applied to the last month's fees) by \_\_\_\_\_

Payment for mandatory program-supplied Comfort Kit by \_\_\_\_\_

Waitlist (deposit required when space is available and accepted)

**ABOUT YOUR CHILD:**

Name of child: \_\_\_\_\_  
(last) (first) (middle)

Nickname: \_\_\_\_\_ Gender: Male ( ) Female ( )

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ **Care Card #** \_\_\_\_\_

Family Doctor or Pediatrician: \_\_\_\_\_

Is there any other information about your child that would be helpful for the staff to know in order to take better care of your child? \_\_\_\_\_  
 \_\_\_\_\_

Enroll my child for: MWF ( ) TTh ( )

**Car seat and Booster seat Legislation in BC (Motor Vehicle Act, Division 36)**

Rear and Forward Facing Car Seat Legislation for Younger Children	Booster Seat Legislation for Older Children
Children must ride in a car seat until they are a minimum of 6 years old <b>and</b> a minimum of 40 pounds (18 kg).	<b>Effective July 1, 2008</b> Children must ride in a booster seat until they are a minimum of 4 feet, 9 inches (145 cm) tall, <b>or</b> a minimum of 9 years old.

To comply with this legislation we are required to collect the following information about your child:

Date of birth: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year Age

Child's height: \_\_\_\_\_ feet, \_\_\_\_\_ inches OR \_\_\_\_\_ cm

Child's weight: \_\_\_\_\_ pounds OR \_\_\_\_\_ kg

**ABOUT YOUR FAMILY:**

<p><b>Parent / Guardian</b></p> <p>Name: _____</p> <p>Home phone: _____</p> <p>Cell / Pager: _____</p> <p>Work phone: _____</p> <p><input type="checkbox"/> I would like to receive communications from The Cridge Centre by email. I understand that I can unsubscribe at any time or change my preferences. I will receive information about the program I am registered in, occasional newsletters, updates and opportunities to participate. Refer to our privacy policy here: <a href="https://cridge.org/about-us/annual-reports/">https://cridge.org/about-us/annual-reports/</a></p> <p>E-Mail: _____</p> <p>Place of work/school: _____</p> <p>Occupation: _____</p> <p>Work hours: _____</p>	<p><b>Parent / Guardian</b></p> <p>Name: _____</p> <p>Home phone: _____</p> <p>Cell / Pager: _____</p> <p>Work phone: _____</p> <p>E-Mail: _____</p> <p>Place of work/school: _____</p> <p>Occupation: _____</p> <p>Work hours: _____</p>
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Name of sibling(s): \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about our Programs? \_\_\_\_\_

Other adults at home: \_\_\_\_\_

Pets: \_\_\_\_\_

The Centre's staff will not release your child to an unauthorized person unless you provide us with a **written** permission prior to the event. Therefore, please provide the Centre with at least two emergency contacts, persons who are authorized to drop off and pick up your child.

**Emergency Contacts**

<u>Name</u>	<u>Relationship to Child</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CUSTODY RESTRICTIONS**    Yes (    )    No (    )

If yes, is a copy of the court order or restrictions attached    Yes (    )    No (    )

Persons not permitted access to child:

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

**ABOUT YOUR CHILD'S HEALTH:**

Does your child have any **allergies**?    Yes (    )    No (    )

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any special **health concerns or medications** that staff should be aware of?    Yes (    )    No (    )

If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You are responsible for keeping a record of your child's immunizations; please attach a copy of the immunization record to this application.**

Is your child immunized?    Yes (    )    No (    )    If No, please sign the following statement:

I understand that, should there be a suspected or real outbreak of any communicable disease, I must remove my child from the Program until cleared by medical staff.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**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="radio"/> Diphtheria	<input type="radio"/> Measles
<input type="radio"/> Pertussis	<input type="radio"/> Mumps
<input type="radio"/> Tetanus	<input type="radio"/> Rubella
<input type="radio"/> Polio	<input type="radio"/> Meningococcal C ConJugate
<input type="radio"/> Haemophilus Influenza Type b (hib)	<input type="radio"/> Varicella (chicken pox)
<input type="radio"/> Hepatitis B	
<input type="radio"/> Pneumococcal Conjugate	Fifth Visit- 12 months after third visit: YYYY / MM / DD
<input type="radio"/> Meningococcal C ConJugate	<input type="radio"/> Diphtheria
	<input type="radio"/> Pertussis
Second Visit-two months after first visit: YYYY / MM / DD	<input type="radio"/> Tetanus
<input type="radio"/> Diphtheria	<input type="radio"/> Polio
<input type="radio"/> Pertussis	<input type="radio"/> Haemophilus Influenza Type b (hib)
<input type="radio"/> Tetanus	<input type="radio"/> Measles, Mumps, Rubella
<input type="radio"/> Polio	<input type="radio"/> Pneumococcal ConJugate
<input type="radio"/> Haemophilus In.fluenza Type b (bib)	
<input type="radio"/> Hepatitis B	4 to 6 years of age: YYYY / MM / DD
<input type="radio"/> Pneumococcal Conjugate	<input type="radio"/> Diphtheria
	<input type="radio"/> Pertussis
Third Visit-two months after second visit: YYYY / MM / DD	<input type="radio"/> Tetanus
<input type="radio"/> Diphtheria	<input type="radio"/> Polio
<input type="radio"/> Pertussis	<input type="radio"/> Varicella (chickenpox)
<input type="radio"/> Tetanus	
<input type="radio"/> Polio	Other Immunizations:
<input type="radio"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="radio"/> Hepatitis B	YYYY / MM / DD
<input type="radio"/> Pneumococcal ConJugate	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 \_\_\_\_\_

## PERMISSION FORM

1. I hereby give permission for my child to go on field trips arranged by the Nature Preschool staff; I understand that it is to be expected that my child will be out in nature and the community every program day.

Yes ( ) No ( )

2. I hereby give permission to have pictures and/or videos taken of my child in the program setting for general record-keeping and publicity purposes.

Yes ( ) No ( )

3. On occasion the Centre receives a request from other professionals or the community to observe the program; we attempt to do this with the least disturbance to the children's routine. I hereby give permission for my child to be present on these occasions.

Yes ( ) No ( )

4. I am aware that there are inherent risks involved with outdoor nature activity and in my child's participation of any outdoor activity, including my child's use of any equipment.

Yes ( ) No ( )

The risks and hazards of outdoor activity include, but are not limited to:

Tripping and falling hazards (negotiating natural hazards such as ice, tree roots, rocks, slippery leaves)

Exposure to wind, rain, snow, and varying temperatures

Scrapes, bruises, and broken bones (as in any playground)

Contracting poison ivy

The presence of ticks

Exposure to well-managed risks helps children learn important life skills, including how to manage risk themselves as they engage adventure and nature.

5. In the event that your child needs medical attention, staff will attempt to contact you or your emergency contact persons. If the staff cannot reach anyone, and your child has to be taken to an emergency clinic, the staff will do so by ambulance, Cridge vehicle or taxi at the Cridge Centre's expense. We will continue to attempt to reach you and your emergency contact persons. I hereby give permission for the Cridge Centre staff to take my child to an emergency clinic.

Yes ( ) No ( )

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

6. Release:

I release The Cridge Centre for the Family, its Directors, Staff, Volunteers, and Members of all responsibility for any injury, loss, or damage which my child might sustain while participating in any Cridge Centre Nature Preschool activity.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

All information about you and your family, which is provided to the Cridge Centre for the Family, will be held in the strictest confidence by all involved departments within the organization.

For more information, please see The Cridge Centre Childcare Policies and the Guidance & Discipline Statement under the Applications link on our Web site: [www.cridge.org](http://www.cridge.org).

## Questionnaire

1. What do you wish your child to gain from taking part in a nature preschool?

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2. How often does your child spend time in nature or outdoor play? Describe regular and / or favourite activities:

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3. What is pleasurable and / or easy for you regarding your child's personality?

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4. What can be challenging for you regarding your child's personality?

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5. How do you and / or your family deal with discipline?

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6. Are you comfortable with your child getting wet and / or dirty? (Please note: they *will* get wet and dirty)

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7. What fears might you have about nature?

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8. What fears might your child have about nature?

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9. What is something you would like or think I should know about your child?

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10. Does your child have a difficult time separating from you, and is this a concern for you?

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11. How do you feel about your child using the "bathroom" in mother nature?

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12. Could you describe your connection to nature?

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## Client Code of Conduct

I understand as a participant in the Cridge Centre for the Family that I am responsible for my behavior.

I will act in ways that bring respect to me, my family and friends and other participants within the program.

I will not use bad language, swear, insult or fight with other people. I will refrain from any form of personal abuse towards others, including verbal, physical and emotional abuse.

I will participate actively in the program.

I will let the organization know if my plans change and I am unable to keep an appointment or participate in an activity.

I will ask any staff or other participants if I may call him or her at home. If he/she agrees, I will be reasonable and responsible about the time of day and how often I call.

I will keep contact with the organization's staff by responding to phone calls, letters and other means of communicating promptly.

If a problem develops, I will immediately talk to my family or caregiver and/or a representative from the organization about it.

If a problem develops within my family or other circumstances occur that affects my participation in the program, I will contact the organization.

I agree to follow all established rules and guidelines of the organization

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Date

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Signature

June, 2012





## Pre-Authorized Credit Card Consent Form

I, \_\_\_\_\_, hereby authorize The Cridge Centre for the Family to charge the monthly Childcare fees for my child, \_\_\_\_\_, to my credit card on the 1<sup>st</sup> of each month.

The regular monthly fee is \$ \_\_\_\_\_; if my child is enrolled in the Milk Program or the Richardson Sport Program, those fees can be added to my monthly charge.

For part-time enrolments, the fees each month will be calculated based on the number of scheduled days times the daily rate (full monthly fee divided by 20 days).

The fees may be adjusted if there is a rate increase (generally effective April 1<sup>st</sup> annually); no change to the regular monthly rate will be implemented without a minimum of 60 day's notice.

### My credit card information:

Client Name: \_\_\_\_\_

Credit Card type:    Visa     MasterCard     American Express

Credit Card Number: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

\_\_\_\_\_  
(Card Holder Signature)

\_\_\_\_\_  
(Date Signed)

Please indicate your choice regarding your preferred method of receipt distribution:

- Annual statement (in January) sent to this Email address: \_\_\_\_\_
- Monthly receipts sent to this Email address: \_\_\_\_\_
- Monthly receipts mailed to the home address on file

You can return this form to the Accounting Office, or slip it into the payment box in the Childcare lobby.

Please provide an update to the accounting office if your credit card information changes.



## Pre-Authorized Debit Consent Form

I, \_\_\_\_\_, hereby authorize The Cridge Centre for the Family to withdraw the monthly Childcare fees for my child, \_\_\_\_\_, from my bank account on the 1<sup>st</sup> of each month.

The regular monthly fee is \$ \_\_\_\_\_; if my child is enrolled in the Milk Program or the Richardson Sport Program, those fees can be added to my monthly withdrawal.

For part-time enrolments, the fees each month will be calculated based on the number of scheduled days times the daily rate (full monthly fee divided by 20 days).

The fees may be adjusted if there is a rate increase (generally effective April 1<sup>st</sup> annually); no change to the regular monthly rate will be implemented without a minimum of 60 day's notice.

### My bank account information:

Bank account type: Chequing  Savings

Attach a Void cheque, or complete the following:

Bank Number \_\_\_ \_\_\_ \_\_\_ Transit Number \_\_\_ \_\_\_ \_\_\_ \_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_  
(Account Holder Signature)

\_\_\_\_\_  
(Date Signed)

Please indicate your choice regarding your preferred method of receipt distribution:

- Annual statement (in January) sent to this Email address: \_\_\_\_\_
- Monthly receipts sent to this Email address: \_\_\_\_\_
- Monthly receipts mailed to the home address on file

You can return this form to the Accounting Office, or slip it into the payment box in the Childcare lobby.

Please provide an update to the accounting office if your banking information changes.