



# BRIGHT EYES ACADEMY INC.

Tel 604-946-0896 or 604-940-5999  
info@brighteyesacademy.ca  
www.brighteyesacademy.ca

## Registration Form for Child Care

**Facility Name:** BEA at Neilson Grove **OR** BEA at Holly (please circle one)

**Program:** please circle program choice

Am and Pm school age care

3 year old preschool

Infant/Toddler Program

Am school age care

4 year old preschool

3-5 Group Daycare Program

Pm school age care

Kindercare- full day or half day

**Full Name of Child:** \_\_\_\_\_

### Personal Information

**Child's Date of Birth:**

**Gender:** \_\_\_\_\_

**Start Date:**

**Parent or Guardian:**

**Parent or Guardian:**

**Address:**

**Address: (if different)**

**Postal Code:**

**Postal Code: (if different)**

**Phone Number:**

**Phone Number: (if different)**

**Email Address:**

**Email Address:**

**Work Address:**

**Work Address:**

**Work Phone:**

**Work Phone:**

**Cell Phone:**

**Cell Phone:**

**Hours at this location:**

**Hours at this location:**

### Emergency Health Information

**BC Care Card Number:** \_\_\_\_\_

**Family Doctor/clinic name:**

**Family Dentist/clinic name:**

**Address:**

**Address:**

**Phone Number:**

**Phone Number:**

## Consent For Emergency Care

I authorize the staff at Bright Eyes Academy Inc to call a medical practitioner or ambulance in the case of accident for illness of my child, if the parent cannot be immediately reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_

### Person (s) Authorized to Pick up Child

(Other than parent/guardian listed above)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Person(s) NOT Authorized to Pick Up Child

(Other than parent of guardian listed above)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Custody Agreement: Yes OR No (please circle)

If yes, please attach a copy of the custody order for the facility manger/licensee.

### Alternate Person(s) to Call and Pick Up Child in Case of Emergency

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child Immunization Status

(Please attach a copy of immunization record)

Is your child up to date on immunizations: Yes No OR Not Immunized (please circle)

Comments:

### Health Information

(Please attach a separate sheet if necessary)

Regular Medication(s) and Reasons for (Please list)

Allergies and treatment of (please list)

## **Additional Child History**

### **Eating and Nutrition**

**List your child's favourite foods:**

**List any disliked foods:**

**Please describe eating patterns:**

**Are there any religious or ethnic observances related to foods:**

### **Sleeping**

**Nap Time:**

**How long to settle:**

**Time of Waking:**

**Bed Time:**

**How long to settle:**

**Time of waking:**

**Is your child a deep sleeper, or does (s) he wake easily?**

**Does your child take a favourite comforter? (e.g. blanket or toy)**

**What is your child's mood upon wakening?**

### **Toileting**

**Is your child toilet trained? Yes No Partially (please circle one)**

**Please indicate your child's frequency or patterns of bowel movements:**

**Describe type of assistance needed for toileting:**

**What "special" word if any, does your child use for?**

**Urination:**

**Bowel Movements:**

### **Injuries/Illness**

**Injury (ies), illness (es), or operations your child has had; include date(s):**

- a) Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing etc)
- b) Please describe any concerns you may have regarding your child's development (e.g. behaviour, vision, hearing, speech, language, mobility etc.)

c) Describe any specific care instruction regarding a) and/or b):

Other health care professionals involved in your child's life; e.g. occupational therapist/physical therapist:

### **Group Experiences**

What is/are your child's favourite toys/activities?

Has your child had previous play group experiences? If yes, how did (s) he adapt?

How does your child behave towards other children? (e.g. seeks other out, feels shy):

### **Emotional**

How does your child act when with unfamiliar people and/or unfamiliar situations?

Does your child have any particular fears? Please describe:

What suggestions do you have that would help staff make your child's transition into this program easier?

### **Family and General Household Information**

Please list the names of the significant people in your child's life, (e.g. siblings, grandparents etc.)

Please describe the guidance and discipline methods used at home:

Primary language spoken at home:

Other languages:

Name of English speaking person:  
(If applicable)

Phone Number:

### **Consents**

Authorization to apply sunscreen:

I \_\_\_\_\_ authorize Bright Eyes Academy Inc., to apply sunscreen to my child,  
\_\_\_\_\_ to avoid sunburn.

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

\_\_\_\_\_  
BEA Administrator

**Authorization to use disinfectant spray:**

I \_\_\_\_\_ authorize Bright Eyes Academy Inc., to apply disinfectant spray to clean cuts/scraps, to my child \_\_\_\_\_ to avoid infection.

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

\_\_\_\_\_  
BEA Administrator

**Authorization to photograph:**

I \_\_\_\_\_ authorize Bright Eyes Academy Inc., to take photographs of my child, \_\_\_\_\_ for the sole use of the Academy.

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

\_\_\_\_\_  
BEA Administrator

My child's photo can be used for the Bright Eyes Academy Inc., website: YES or NO

**Any Other Comments**

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**Signature of Parent or Guardian Providing Information**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Fraser Health Authority Licensing staff as per legislation may review this information.

**Facility Use Only**

Staff person reviewing family's documents:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Withdrawal Date:

Reason For Withdrawal:

# Bright Eyes Academy Inc.

## Parent Agreement

This is a legally binding contract. Please read carefully.

Bright Eyes Academy Inc (BEA) is an incorporated organization that provides licensed childcare programs. This agreement encompasses the terms of parent responsibilities necessary for BEA to provide these services. The following regulations apply to all programs within the Academy. Conditions may change from time to time. The supervisor will arrange additional requirements for individual programs when the child is enrolled if necessary.

As a parent of Bright Eyes Academy, I accept, understand and agree to the following conditions of enrolment:

### A. Financial

- 1) That my child's childcare fee shall be paid by the first day of each month. Failure to pay the childcare fees by the first of the month will result in a late payment fee of \$5.00. My child will be coming \_\_\_\_/days a week, which is \_\_\_\_/days a month, thus my monthly childcare fee at the time of enrolment is: Fee \$ \_\_\_\_, I understand there may be fee changes from time to time.
- 2) That in order to reserve my child's childcare space, the full fee must be paid for any period of time in which my child is away from the centre, including vacation, sickness or other absence.
- 3) In order to save a spot for my child I must pay ½ months fees in the previous month. This will ensure that my spot will be saved. If I choose to give up my spot I must give written notice on the first of the month prior to needing to leave the center. Failure to do so will result in my having to pay for that month.
- 4) That failure to pay childcare fees by the 5<sup>th</sup> day of the month may result in notice of withdrawal of childcare services being issued by BEA. If outstanding fees have not been paid, and if a payment schedule acceptable to BEA has not been made and adhered to, the Academy may commence legal proceedings against me or turn my account over to a Collections Agency and the cost of securing payment of my account will be borne by me.
- 5) That I will give one calendar months notice in writing to the Academy office by the last day of the month preceding the final month in which my child will be enrolled in the program. I will pay fees for the full month of the final calendar month of enrolment.
- 6) That official receipts for childcare fees will be issued annually. Please retain this receipt for income tax purposes, as duplicates will not be given.

### B. Children's Records

- 1) That I have completed and will keep updated the following:
  - i) Registration & Health Form
  - ii) Emergency/Field Trip Consent Card
  - iii) Child Information Form
  - iv) Immunization Records
- 2) That I have listed below all names of persons who are legally restricted in having access/contact with my child due to a Court Order/Separation Agreement.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

A copy of the Court Order of Separation Agreement must be attached and any changes filed with the centre and the Academy office immediately.

### C. Orientation

- 1) That the time of enrolment, in accordance with the recommendations of the Manager I will participate in the orientation of my child to the centre prior to his/her full time attendance. I understand that I may be asked to remain with my child during the gradual entry period.

### D. Health and Safety

- 1) That to attend the program, my child must be well enough to participate in all aspects of the program including outdoor play.

- 2) That I will advise the staff of any changes in my child's health and update any records immediately upon any change occurring.
- 3) That I have read the "Health and Safety" section of BEA's parent handbook and agree to follow the stated rules.
- 4) That in order to safeguard the health and well being of all children, I understand that the Manager has the right to exclude my child from the centre and I will provide, upon the manager's request, written medical clearance from a physician before my child's re-admittance.
- 5) That only medication, prescribed or recommended for my child in writing by a physician and provided in its original packing with full instruction and precautions, will be administered to my child by staff. The staff will only administer the medication in the event that I have completed a "Permission to Administer Medication" form, which staff will provide me with and the I will return the completed for to staff.
- 6) That I will sign my child in and out each day on the Sign In/Out sheet posted in each program, as well as fill out an intake form (where applicable).
- 7) That I will notify the staff if someone other than those persons authorized by me on the Emergency Consent Card will be picking up my child.
- 8) That if after 1 hour from closing time, the staff have been unable to make contact with me or the designated emergency contacts, the police and/or the Ministry of Social Services and Housing will be notified. The appropriate action will be taken to ensure the safety and well being of the child.
- 9) That I will abide by the parking regulations at each program.
- 10) That I am aware of the playground exemption (for the Neilson Grove Location Only) and that I understand and agree to the conditions of this exemption and the policies that are in place.

**E. Scheduling**

- 1) That I will abide by the programs hours of operation and will pay an overtime fine of \$1.00 per minute if I exceed the hours the centre is open. This amount is due and payable to Bright Eyes Academy Inc.
- 2) That BEA will be closed on all statutory holidays. The monthly fee will not be reduced upon the programs being closed for these days.
- 3) That in order to reserve my child's childcare space, the full fee must be paid for any period of time in which my child is away from the centre, including vacation, sickness or other absence.

**F. Parent Involvement**

- 1) That I take an active interest in my child's program by participating in parent meetings, fundraising events and other events within each program.

**G. Additional specific regulation of the \_\_\_\_\_ program.**

\_\_\_\_\_  
\_\_\_\_\_

I have read, and understand, and hereby agree to abide by the preceding conditions of enrolment. Further, I understand that Bright Eyes Academy Inc may view non-compliance with the above outlined sections as sufficient cause for withdrawal of childcare service.

\_\_\_\_\_  
Bright Eyes Academy Inc- Administrator

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date