



# LITTLE RASCALS DAYCARE & PRESCHOOL ("Little Rascals")

## Registration Form

Registration Date: _____	Date of Enrollment: _____	Program: _____
Staff Use Only	Staff Use Only	Staff Use Only

### Program Selection and Start Date

Desired Start Date: \_\_\_\_\_

<u>Program</u>	<u>Full-time</u>	<u>Part-time</u>	<u>Elementary School</u> (if applies)
Preschool 3	<input type="checkbox"/>	n/a	<input type="checkbox"/> Braemar
Preschool 4	<input type="checkbox"/>	n/a	<input type="checkbox"/> Larson
Age 3-5 Daycare	<input type="checkbox"/>	n/a	<input type="checkbox"/> Carisbrooke
KinderCare	<input type="checkbox"/>	n/a	<input type="checkbox"/> Other School: _____
Before/After School	<input type="checkbox"/>	<input type="checkbox"/>	

Grade: \_\_\_\_\_

### Child's Personal Information

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ Gender:  Male  Female

Nick Name: \_\_\_\_\_ Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_

City\*: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**\*North Van Residents:** I live in the  District of North Van  City of North Van  Not sure

Primary Telephone Numbers:

#1. \_\_\_\_\_  Father  Mother  Other: \_\_\_\_\_

#2. \_\_\_\_\_  Father  Mother  Other: \_\_\_\_\_

Languages Spoken:

<u>Language</u>	<u>Fluently</u>	<u>Some</u>	<u>Language</u>	<u>Fluently</u>	<u>Some</u>
English	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	Other Language: _____		
Farsi	<input type="checkbox"/>	<input type="checkbox"/>			

Other Information: \_\_\_\_\_

**LITTLE RASCALS DAYCARE & PRESCHOOL**  
 Delbrook Recreation Center (DPQC Facility)

3111 Stanley Avenue North Vancouver, BC V7N 4N6  
 Email: smile@LittleRascals.ca Web: www.LittleRascals.ca



# LITTLE RASCALS DAYCARE & PRESCHOOL

## Health & Medical History Form

Child's Name: \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Tel: \_\_\_\_\_

**Vision:** Does your child have any known vision problems?  Yes  No

**Hearing:** Does your child have any known hearing problems?  Yes  No

**Ears Infections:** Does your child have a history of chronic ear infections?  Yes  No

**Respiratory:** Does your child have any respiratory or sinus problems?  Yes  No

**Speech/Language:** Does your child have any speech or language development issues?  Yes  No

**Bowel or Bladder:** Does your child have problems with bladder or bowel function, or not toilet trained or requires special attention in any of these regards?  Yes  No

**Epilepsy/Seizures:** Does your child have epilepsy or has he/she had seizures in the past?  Yes  No

**Allergies:** Does your child have any allergies or food sensitivities?  Yes  No

**Allergies:** Does your child have any severe allergies that could be life threatening?  Yes  No

If your child has allergies or food sensitivities, indicate which foods/allergens & the strength of the reaction:

- |                   |                               |                                 |
|-------------------|-------------------------------|---------------------------------|
| Peanuts           | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Tree Nuts         | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Dairy             | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Wheat             | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Eggs              | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Hayfever          | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Insect Sting/Bite | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Some Fruits       | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |

- |               |                               |                                 |
|---------------|-------------------------------|---------------------------------|
| Cats          | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |
| Other Animals | <input type="checkbox"/> Mild | <input type="checkbox"/> Strong |

*If your child has life threatening allergies, please discuss this with the Director so that the appropriate actions (use of epi-pen or other medication) can be properly administered by Little Rascals staff if your child has a serious allergic reaction.*

Please provide details here or information on other allergies not listed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate if your child has any of the following illnesses/diseases:

- |                                   |                                      |  |                                     |
|-----------------------------------|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> HIV      | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C     |                                     |

Other: \_\_\_\_\_

Please indicate if your child has had any of the following illnesses:

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles       | <input type="checkbox"/> German Measles  | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Mumps       | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Bronchitis     |
| <input type="checkbox"/> Croup       | <input type="checkbox"/> Pneumonia     | <input type="checkbox"/> Hepatitis A     | <input type="checkbox"/> Hepatitis B    |

Please list any other contagious diseases or ailments or illnesses your child has: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Life Threatening Illnesses:** Does your child have any potentially life threatening conditions that may require emergency care?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**Medications:** Does your child require medication while at the Little Rascals?  Yes  No

If yes, please note that you must request and fill out a "Request For Administration Of A Medication Or Alternative Therapy Form". This must be submitted to Little Rascals before Little Rascals can administer any medication or alternative medicines.

**Immunization Record:** The Vancouver Coastal Health Unit requires all parents or guardians seeking admission to provide a statement of their child's immunization record. Please complete the "CHILDCARE IMMUNIZATION HISTORY FORM". If not attached, please download online from [www.littlerascals.ca/documents](http://www.littlerascals.ca/documents)

**\*\* Note:** It is strongly recommended by the health authorities that your child has immunization protection unless there is a medical reason not to do so.

My child has not had all the recommended immunizations for the following reasons:

Religious  Medical  Other

Other Immunization information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavior:** Does your child have any behavioral issues that we should know about in order for us to best provide care for your child and the other children in his/her group?

Yes  No

\*example behavioral issues we'd like to be aware of: hyperactive, aggressive, hitting or being overly physical towards others, biting, withdrawn, anxiety, etc..

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

\_\_\_\_\_

\_\_\_\_\_

**Physical Issues/Special Needs:** Does your child have any physical issues such as disabilities or impairments (special needs) that we should know about in order for us to best provide care for your child and the other children in his/her group?

Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**\*\*Note:** If your child requires specialized care for a special needs issue, a qualified care worker may first have to be provided to Little Rascals through Supported Childcare before your child can attend. If applicable, please discuss this issue with the Director of Little Rascals.

**If there are any other health / medical conditions or information we should know, provide the details here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# LITTLE RASCALS DAYCARE & PRESCHOOL

## Parent / Guardian Information

Little Rascals maintains stringent policies in regards to child pick-up from the Childcare Facilities. Detailed information is required of all persons, from parents or guardians with legal custody of the child, to other individuals nominated by the parents or legal guardian to pick-up the child from Little Rascals. The safety of the child is our number one concern in this regard. The required personal information will remain private and will only be available to Little Rascals staff and appropriate licensing and law enforcement authorities upon request.

Note 1: If Mother and Father of the child are separated, divorced or otherwise estranged then a copy of a court order or other legal document detailing custodial arrangements must be supplied to Little Rascals.

Note 2: If custody of the child is with anyone other than the biological or adoptive parent(s) of the child, then copies of the proper documentation must be provided to Little Rascals.

Note 3: If the custodial status of the child changes, Little Rascals must be immediately informed and a court order or other legal document detailing the new custodial arrangement must be supplied to Little Rascals.

### **Parent/Guardian #1** (Parent With Legal Custody of Child)

Full Name: \_\_\_\_\_

Relation:  Father  Mother  Grand Parent  Other \_\_\_\_\_

Address:  Check if same as Child Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

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

Marital Status:  Married  Common Law  Live-in Companion  Separated  Divorced

Name of Spouse/Companion: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

### **Parent/Guardian #2** This Parent Shares Legal Custody Of Child Yes No

Full Name: \_\_\_\_\_

Relation:  Father  Mother  Grand Parent  Other \_\_\_\_\_

Address:  Check if same as Child Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Pager: \_\_\_\_\_ Other: \_\_\_\_\_

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

Marital Status:  Married  Common Law  Live-in Companion  Separated  Divorced

Name of Spouse/Companion: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_



# LITTLE RASCALS DAYCARE & PRESCHOOL

## Alternate Pick-up Persons

**If you wish to allow an alternate person (other than a parent or legal guardian) permission to pick-up your child from Little Rascals, please list them here. Little Rascals will release your child to the Alternate Pick-up person(s) listed below without consulting you first – only list persons you are completely comfortable with and who are absolutely trustworthy.**

### Alternate Pick-Up Person #1

Full Name: \_\_\_\_\_  
Relation:  Relative  Friend  Boyfriend/Girlfriend  Nanny/Babysitter  Other \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_  
Other Information: \_\_\_\_\_  
\_\_\_\_\_

### Alternate Pick-Up Person #2

Full Name: \_\_\_\_\_  
Relation:  Relative  Friend  Boyfriend/Girlfriend  Nanny/Babysitter  Other \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_  
Other Information: \_\_\_\_\_  
\_\_\_\_\_

### Restricted Persons

**If there is a person who is legally restricted or forbidden from having contact with your child or taking your child from Little Rascals, please provide their information below. If this person arrives at Little Rascals, they will be asked to leave and the police will be notified.**

### Restricted Person #1

## PLEASE ATTACH PICTURE OF THIS PERSON ##

Is there an active restraining order against this person?  Yes  No  
Does this person have a criminal record?  Yes  No  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#1: \_\_\_\_\_ Tel#2: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Terms of Admission – Little Rascals Daycare Ltd.

Document Version: NV.2007-1.33 (Oct 30, 2008)

Little Rascals Preschool and Little Rascals Daycare form part of and are managed by Little Rascals Daycare Ltd. The use of the name "Little Rascals" or any of the above variations on the name "Little Rascals" in any Little Rascals document shall be understood to mean Little Rascals Daycare Ltd.

I, the undersigned, do hereby acknowledge that I am the legal custodial parent/guardian of the child:

\_\_\_\_\_, with all rights at law to  
*(Please print Child's full name as shown in the Registration Form)*

enroll my child in a Little Rascals Program, and in consideration of Little Rascals accepting and caring for my child, I do acknowledge and agree with all of the following:

1. I have received, carefully read, and understand the Little Rascals Registration Form including the Terms of Admission and I do agree with the policies, procedures and conditions laid out herein;
2. I understand that Little Rascals has the right to refuse service to my family if I am in breach of this contract;
3. I have received, read, and understand the Little Rascals Policy and Procedures Manual and agree with the policies, procedures and conditions laid out therein;
4. I have made full disclosure to Little Rascals regarding all medical / health conditions or issues pertaining to my child as requested or indicated in the registration form;
5. I have made full disclosure to Little Rascals in writing of any physical conditions, special needs, challenges or disabilities that affect my child;
6. I understand that in regards to Supported Childcare (special needs care), it is not the responsibility of Little Rascals to hire staff for the purposes of providing Supported Childcare but rather the responsibility of the client to coordinate this with the appropriate government agency;
7. I have made full disclosure through the Little Rascals Registration Form, or in another written form, of any behavioural conditions, patterns or issues that Little Rascals Staff should be aware of in order for Little Rascals to properly and safely provide quality care for your child and the other children in his or her childcare program(s);
8. Little Rascals may, at it's own discretion, from time to time, make changes to it's Information Packet, Childcare Brochures, Registration Guide, Registration Policy, Registration Forms or it's Policies & Procedures Manual;
9. I hereby give permission for my child to attend all walking fieldtrips while enrolled at Little Rascals;
10. Age of Graduation: I understand that the age of graduation is the age at which my child is too old to continue to attend Little Rascals and that this is determined by Little Rascals annually, based on enrollment in all Daycare programs at Little Rascals. Typically this occurs when children are in Grade Four but may vary from year to year. Little Rascals will give parents as much notice as possible when their child is approaching the age of graduation;

### Fees, Deposits and Giving Notice

11. I am ultimately responsible for the payment of fees to Little Rascals for the child I am registering;
12. The fees for a given month, as applicable for each program, are payable in advance to Little Rascals on or before the 1<sup>st</sup> day of that month;
13. By the first day of enrollment, new clients must submit 6 cheques to Little Rascals, post-dated for the upcoming 6 month's fees. This procedure is to be repeated every 6 months;
14. Little Rascals reserves the right to change it's fees from time to time. Notices will be posted at least one month in advance of any such change;
15. In the case of absenteeism (including illness, vacations and holidays), the fee is still due and all parts of this contract still apply;
16. For Daycare programs, a deposit of one half of one month's fees must be paid to Little Rascals prior to the start of enrollment. The deposit will be kept until the client's last month of enrollment at which time the deposit will be applied to the last month's fees or refunded to the client if the last month's fees are paid. The deposit will be forfeited to Little Rascals in any event of non-compliance of this contract;
17. Prior to leaving Little Rascals, the client is required to give a minimum of 1 month written notice to the Director, Assistant Director or General Manager of Little Rascals for either the 1<sup>st</sup> or the 15<sup>th</sup> of the month. Failure to give proper notice will result in the client forfeiting the deposit;

### Late Payments, Returned Cheques and Delinquent Accounts

18. Little Rascals will charge the client a late payment fee for uncollected fees (full or partial) equal to \$2 per calendar day starting on and including the 6<sup>th</sup> day of the month;
19. Little Rascals reserves the right to refuse service to clients with fees outstanding beyond 14 days;
20. Little Rascals will charge the client \$20 for each cheque returned to Little Rascals due to insufficient funds (NSF).

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

Deposit Amount Paid: \$ \_\_\_\_\_ Date Deposit Paid: \_\_\_\_\_



## Permission Form

### Use of Child's Image in News Media, Advertising and Little Rascals Website.

*Little Rascals Daycare and Little Rascals Preschool form part of and are managed by Little Rascals Daycare Ltd. The use of the name "Little Rascals" or any of the above variations on the name "Little Rascals" in this Permission Form shall be understood to mean Little Rascals Daycare Ltd.*

#### News Media

Occasionally the news media publishes or broadcasts articles/stories about Little Rascals and requests to use images/video that include one or more children from Little Rascals. A past example would be the coverage by the local newspapers of the Grand Opening of the new Childcare facility at the Delbrook Recreation Centre in September 2003 in which children were shown involved in activities celebrating the event. The names of the children are not published/broadcast in these situations. Please indicate here whether or not you are O.K. with your child's photograph being published in the news media along with articles relating to Little Rascals.

It is O.K. for my child's image to be used by the news media as indicated in the above paragraph:

YES                       NO

#### Advertising

Little Rascals regularly advertises in publications such as the North Shore Outlook, the North Shore News, the North Shore Recreation Guide, etc. Some publications also mirror advertising on their websites. Images of children from Little Rascals are sometimes used in Little Rascals advertising. Such images always portray the children in a positive and tasteful manner, typically smiling and involved in some form of play or Childcare activity. The names of the children are not used in these situations. Please indicate here whether or not you are O.K. with your child's photographs being used as part of Little Rascals advertising as indicated above.

It is O.K. for Little Rascals to use my child's image as indicated in the above paragraph:

YES                       NO

#### Little Rascals Website

Little Rascals has a website located at [www.LittleRascals.ca](http://www.LittleRascals.ca). The website serves 2 primary purposes – first, as a source of information for parents wishing to register at Little Rascals, and second, a means of communication for Little Rascals families. As part of communicating with parents, pictures of children's activities are posted on the website so that parents can see some of the fun and interesting activities their children have been participating in. Additionally, pictures are used from the Little Rascals environment to decorate the website. Any images of children always portray the children in a positive and tasteful manner. The names of the children (or any personal information) are not used/published in these situations. Please indicate here whether or not you are O.K. with your child's image being included on the Little Rascals website as indicated above.

It is O.K. for Little Rascals to use my child's image as indicated in the above paragraph:

YES                       NO

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_