



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

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

Preschool 9:15-1:15 \_\_ or Learning Lab 8am-5pm \_\_  
KC/OOSC \_\_

### Child's Personal Information

First Name : \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Home  
address: \_\_\_\_\_

City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Hair colour: \_\_\_\_\_

Eye Colour: \_\_\_\_\_

North Vancouver residents : *I live in:*

The District of North Vancouver

City of North Vancouver



Primary Phone Numbers:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Father

Mother

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

Father

Mother

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

### Languages Spoken

|          | Fluently                 | Some                     |
|----------|--------------------------|--------------------------|
| English  | <input type="checkbox"/> | <input type="checkbox"/> |
| French   | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandarin | <input type="checkbox"/> | <input type="checkbox"/> |
| Farsi    | <input type="checkbox"/> | <input type="checkbox"/> |
| Japanese | <input type="checkbox"/> | <input type="checkbox"/> |
| Hindi    | <input type="checkbox"/> | <input type="checkbox"/> |

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

### Other information

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Little Rascals Daycare & Preschool

3111 Stanley Avenue | North Vancouver BC | V7N 4N6





## Parent / Guardian Information

Little Rascals maintains stringent policies in regards to child pick-up from the Childcare Facility. 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 guardians 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 parents 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 biological or adopted parent(s) of the child, then copies of the proper documentation must be provided to Little Rascals.

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

Full Name : \_\_\_\_\_  
Relation : \_\_\_\_\_  
Address :  Check if same as child | Street \_\_\_\_\_ City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone : Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Parent / Guardian #2 *(With Legal Custody of Child)*

Full Name : \_\_\_\_\_  
Relation : \_\_\_\_\_  
Address :  Check if same as child | Street \_\_\_\_\_ City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone : Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Other Information:

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# Little Rascals Daycare & Preschool Health & Medical History Form

**Child's Name:** \_\_\_\_\_ **Doctor's Name:** \_\_\_\_\_

**Medical Plan Number:** \_\_\_\_\_

Vision: Does your child has known vision problems?  Yes | No

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

Ear Infection: Does your child have a history of chronic ear infections?  Yes | No

Respiratory: Does your Child have any respiratory or sinus problems?  Yes | No

Bowel or bladder: Does your child have problems with bladder or bowel function or not toilet trained OR require special attention in any of these regards?  Yes | No

Epilepsy/Seizure: Does your child have epilepsy or has he/she had seizures in the past?  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 and the strength of the reaction:**

**Peanuts** Mild | Strong  
**Tree Nuts** Mild | Strong  
**Dairy** Mild | Strong  
**Wheat** Mild | Strong  
**Eggs** Mild | Strong

**Hay fever:** Mild | Strong  
**Insect Sting/bite:** Mild | Strong  
**Some Fruits** Mild | Strong  
**Cats:** Mild | Strong  
**Other Animals:** Mild | Strong

Please provide details here for information on other allergies not listed:

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If your child has life threatening allergies, please discuss with the Director so that 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.

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# Little Rascals Daycare & Preschool

## Health & Medical History Form - page 2

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

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

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

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

### Life Threatening Illnesses

Does your child have any potentially life threatening conditions that may require emergency care?

If yes, please explain:

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**Medication** : Does your child require medication while at Little Rascals?

If yes, please note that you must request and fill out a ***Request for Administration of a Medication or Alternative Medicine***.

**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 provide a copy of your child's immunization record/history.**

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 :

Medical |  Other : \_\_\_\_\_

# Little Rascals Daycare & Preschool Health & Medical History Form - page 3

**Behaviour:** Does your child have any behavioural issues that we should know about in order for us to best provide care for your child and the other children in the group.

Yes |  No

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

If yes, please explain:

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**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 with the Director of Little Rascals.**

If there is any other health/medical conditions of information we should know, provide details here:

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# 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  Partner  Nanny/Babysitter  Other \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone : Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

### Alternate Pick-Up Person #2

Full Name : \_\_\_\_\_  
Relation :  Relative  Friend  Partner  Nanny/Babysitter  Other \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone : Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**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.

 **PLEASE ATTACH PICTURE OF THIS PERSON** 

### Restricted Person:

**Is there an active restraining order against this person ?**  YES |  NO

**Does this person have a criminal record**  YES |  NO

Full Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Telephone : Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

# Little Rascals Daycare & Preschool

## Terms of Admission

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.

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

**(Please print child's full name as shown in the registration form)**

With all rights at law to enroll my child in a Little Rascals program, and in consideration of the 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 the 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 I do agree with the policies, procedures and conditions laid out herein;
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 a full disclosure to Little Rascals in writing of a physical condition, 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 the Little Rascals to hire staff for the purpose 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, or in any other 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/her childcare program(s).
8. Little Rascals may, at its own discretion, from time to time make changes to its information packet, Childcare Brochures, Registration guide, Registration Policy, Registration Forms or its policy and procedure manual
9. I hereby give permission for my child to attend all walking field trips while enrolled at Little Rascals;
11. I am ultimately responsible for the payment of fees to Little Rascals for the child I am registering; **on or before the 1st day of that month**
12. Payments can be made by cheque or e-transfer
13. Little Rascals reserves the right to change its fees from time to time. Notices will be posted at least one month in advance of any such change;
14. In the case of absenteeism (including illness, vacations and holidays), the fee is still due and all parts of this contract still apply;
15. **A Deposit 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 have been paid. The deposited will be forfeited to Little Rascals for non-compliance of this contract;**
16. Prior to leaving Little Rascals, the client is required to give a minimum of 2 months written notice to the Director. Failure to give proper notice will result in the client forfeiting the deposit.
17. Little Rascals reserves the right to refuse service to clients with fees outstanding beyond 14 days;
18. Little Rascals will charge the client \$20 for each payment returned to Little Rascals due to insufficient funds (NSF).

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

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

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

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

# Little Rascals Daycare & Preschool

## Terms of Admission - Page 2

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### 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 newspapers of the Grand Opening of the new Childcare facility at the Delbrook Recreation by the local 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 authorize the use/ publication of your child's photograph in the news media along with articles related to Little Rascals

**I hereby authorize my child's image to be used by the news media as indicated in the above paragraph :**

Yes | No

### Advertising

North Shore Recreation Guide or other 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 below whether you authorize the use of your child's photograph as part of Little Rascals's advertising as indicated above.

**I hereby authorize my child's image to be used as indicated in the above paragraph :**

Yes | No

### Little Rascals Website

Little Rascals has a website - littlerascals.ca. The website serves 2 primary purposes- first as a source of information for parents wishing to register at Little Rascals, and second, as a mean 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 the children always portray them in a positive and tasteful manner. The names of the children - or any personal information are not used nor published in these situations. Please indicate below if you authorize your child's image being included on the Little Rascals Website as indicated above.

**I hereby authorize my child's image to be used as indicated in the above paragraph :**

Yes | No

**Name of Parent or legal guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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