



SOUTH PEACE CHILD DEVELOPMENT CENTRE

9001-10TH Street, Dawson Creek, BC V1G 4T1

Phone: (250) 782-1161 Fax: (250) 782-4487 Toll Free 1-855-782-1160

Email: general@spcdc.ca Website: www.spcdc.ca Facebook: [southpeacecdc](https://www.facebook.com/southpeacecdc)

SPCDC Daycare Application Form

Child's Name: _____ Gender: _____
First Name Middle Last Name

DOB: _____ Care Card #: _____
Day Month Year

1. Parent/Guardian(s): _____ Relationship: _____

Parent/Guardian(s): _____ Relationship: _____

Address: _____

Mailing Address: _____ Email: _____

Phone (H): _____ Phone (W): _____ Other: _____

2. Parent/Guardian(s): *(if different from above)*: _____ Relationship: _____

Address: _____

Mailing Address: same as above OR _____ Email: _____

Phone (H): _____ Phone (W): _____ Other: _____

Please list who is currently living in the home with your child, including siblings and their ages:

Is there any custodial/access information that would be helpful for us to know?

****NOTE: If there is a custody agreement in place, please attach copy.**

Language(s) spoken at home: _____

Child's General Health and History

Immunization

Is your Child Immunized Yes No

Immunization Record Sharing

- As per licensing regulations all pre-school children must provide the Centre with a copy of their Immunization Record. The record will be shared with: The Community Care Licensing Officer, Ministry of Health Services.
- Parents/Guardians who chose not to immunize their children must provide a written statement stating that their children will not be/are not immunized.

Medical Conditions

Does your child have any known, suspected or diagnosed medical or developmental disabilities?

Allergies

Does your child have any known or suspected allergies? **If yes:** Please comment on the severity.

- *If your child has any life-threatening allergies an Emergency Plan must be in place prior to starting at the SPCDC Daycare.*
- *It is the Parent/Guardian's responsibility to notify the Centre prior to your child's start date to create an emergency plan if your child has a life-threatening allergy.*

Medication

Please list any regular medication that your child is currently taking:

Childs Doctor: _____

Consent

Child's Name: _____

Consent for Service

As the above child's Parent/Guardian:

I agree to my child's involvement in the Daycare Program and services provided by the South Peace Child Development Centre and its directors, employees, agents, and volunteers. The services have been described to me, I understand the nature of the services, and any risks that may be associated with it. I believe my child to be capable of receiving the services.

Printed Name	
Signature	
Witness	
Date	

Consent for Photographs

I give permission for the staff of the Child Development Centre to take pictures/video shots of my child while taking part in the program. These photos may be displayed in the classrooms, sent home with the children, posted on our website or Facebook / Instagram page. Any photos or videos taken for therapy purposes will be handled confidentially.

Yes _____ No _____ _____
Signature (parent/guardian)

Consent to Emergency Care

If, at any time, due to such circumstances as injury or sudden illness, medical treatment or emergency action is necessary, I authorize the SPCDC personnel to take whatever measures they deem necessary for the protection of my child while in their care.

I understand this may involve calling a doctor, interpreting, and carrying out their instructions and transporting my child to a hospital or doctor's office, including the possible use of an ambulance. I understand this may be done prior to contacting me and that any expense incurred for such treatment, including ambulance fees, are my responsibility.

Yes _____ No _____ _____
Signature (parent/guardian)

CENTRE ACTIVITIES:

I hereby grant permission for my child to leave the Child Development Centre, under the supervision of staff members for walks, field trips in an authorized vehicle. As per Licensing Regulation S57-111, children must now have a picture of themselves attached to their file.

Yes _____ No _____ _____
Signature (parent/guardian)

Emergency Contacts and Authorization for Pick-up

Emergency Contacts - The list below will be contacted if we are not able to reach the Parents/Guardians:

1. _____
Name Telephone # 's Relationship to child
2. _____
Name Telephone # 's Relationship to child
3. _____
Name Telephone # 's Relationship to child

Persons authorized to pick up child -Other than Parents/Guardians:

4. _____
Name Telephone # 's Relationship to child
5. _____
Name Telephone # 's Relationship to child
6. _____
Name Telephone # 's Relationship to child

**Under NO circumstances will child be released to anyone without *written* authorization
from parent /guardian – this is required by our License.**

Persons authorized to pick up your child will be asked for picture ID as per licensing requirements.

Printed Name	
Signature	
Witness	
Date	

Toileting and Nap Routines

Toileting

Please check all that apply to your child's current toileting stage:

- Completely toilet trained.
- Always wears a pull up/diaper.
- Wears a pull up/diaper only when napping.
- Asks to use the toilet when needed.
- Refuses to use the toilet.
- Needs regular reminders to use the toilet.

Additional toileting information about your child:

Napping Routine

Please describe if/when your child usually naps and the duration. Please also indicate if your child uses a soother, diaper, or special teddy to regulate their naps.

"In a million words or less, Tell us about your child."

His / Her favorite activity is: _____

His / Her favorite color is: _____

His / Her favorite toys are: _____

Tell us about what you enjoy doing as a family: _____

Do you have pets at home? What are their names? _____

Do you have any cultural traditions you would like to share with our class this year? _____
