

MINI-MIRACLES FAMILY CENTRE

4006-8th Ave., Port Alberni, B.C. V9Y 4S4

Ph: (250) 723-0637

Fax: (250) 720-0379

REGISTRATION FORM

What program are you registering for?

Infant/Toddler: _____ Drop off time needed: _____ Pick-up time needed: _____
Fulltime: M T W T F

Group Daycare _____ Drop off time needed: _____ Pick-up time needed: _____
Fulltime: M T W T F

Preschool (3-5 yr. olds) : T/Thu _____ M/W/F _____ M/T/W/Th/F _____ 8:45 – 11:30 am

Afternoon Preschool (3-5 yr. olds): M/W _____ T /Th _____ M/T/W/Th _____ 12:30 – 3:15 pm

Afterschool Care: 3:00 – 5:30 _____ \$250.00/month

Drop in - _____ \$20/day.

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

Date of Birth: _____ / _____ / _____ Name child responds to: _____
Day/Month/Year

Street Address: _____ Phone #: _____

Postal Code: _____ Email Address: _____

Person(s) with whom the child lives: _____

Primary language spoken at home: _____ Secondary language: _____

Ancestry/Culture: _____

Would you be interested in sharing your ancestry/culture with your child's program?

Start Date: _____

End Date: _____

Father's Information:

Name: _____

Address: _____

Occupation: _____

Telephone – Home: _____ Work: _____ Cell: _____

Email: _____

Mother's Information:

Name: _____

Address: _____

Occupation: _____

Telephone – Home: _____ Work: _____ Cell: _____

Email: _____

Guardian's Information:

Name: _____

Address: _____

Occupation: _____

Telephone – Home: _____ Work: _____ Cell: _____

Email: _____

Authorization for Pick-up:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Signature for consent to release a child to someone other than a parent:

Is there anyone who is not permitted to pick up under any circumstances? If it is a parent, with limited or restricted guardianship, we require Court Documents for our records.

Name: _____

Name: _____

Custody Agreement details (if any) that you wish us to be aware of:

Alternate Emergency Contacts (please provide two):

Name: _____ Relationship: _____

Address: _____

Telephone – Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

Telephone – Home: _____ Work: _____ Cell: _____

Health Information:

Illness(es) that the child has had: _____

Is your child able to participate in all areas of the program? Y N

Does your child have any physical restrictions? Y N

Does the child:

Have Vision Problems? Y N Have hearing problems Y N

Have Speech/language problems? Y N Takes medications? Y N

Require a special diet? Y N Have other health concerns? Y N

Have allergies? Y N Have food dislikes? Y N

Specify and comment on items circled "Y" _____

Is there anything else you wish for us to know about your child? _____

Emergency Health Information:

Doctor: _____ Phone: _____ Address: _____ Dentist: _____

Phone: _____ Address: _____ Other: _____ Phone: _____

Address: _____

Care Card Number: _____ (This information is a licensing requirement.)

Information to readily identify your child in case of an emergency:

Hair colour: _____

Eye colour: _____

Weight: _____

Height: _____

Birthmarks: _____

Other identifying features: _____

Emergency Consent:

It is the policy of Mini-Miracles Family Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance. Please sign below so that we can take appropriate action on behalf of your child.

I hereby give my consent for the staff of Mini Miracles or St. John Paul the II School to call an ambulance and (if required) have the ambulance transport my child_____ to the nearest hospital (WCGH) if deemed necessary. I understand that a Mini Miracles staff member or a St. John Paul the II staff member will accompany (or meet) my child at the hospital and that this staff member will stay with my child until myself or another family member arrives.

By signing, I also acknowledge that I will be billed for and by the British Columbia Ambulance Services for any services they provide.

Parent/Guardian Name (Please Print) Signature

Field Trips and General Release Waiver:

I hereby give permission for my child, _____, to be taken out of the Mini-Miracles Family Centre for field trips that are within walking distance as part of our child care program. Children will be supervised at all times by the Mini-Miracles staff and may use the public transit system. All mandatory safety precautions will be in accordance with the Provincial Child Care Regulations.

I, for myself, my heirs and estate executors, release **The Bishop of Victoria Corporation Sole**, Island Catholic Schools, and its respective servants, agents or employees from any claims, demands, damages, or actions arising out of or in consequence of any loss, injury or damage to my son/daughter or property.

Signature: _____ Date: _____
Parent or Guardian

Please note that a \$25.00 registration fee (per family) must accompany this registration form. This registration form will only be accepted if all the required information is completed.

Office Use Only

Date Received: _____ Registration fee paid (\$25.00 per family): _____

Immunizations – Either attach a photocopy of the immunization record, or indicate dates that immunization was received on the attached form. If your child has not been immunized, we will require a signed and dated letter stating that your child(ren) has not been immunized. This letter will be kept in the child's file.

1st visit – 2 months of age:

Diphtheria _____
 Pertussis _____
 Tetanus _____
 Polio _____
 Haemophilus Influenzae Type b (Hib) _____
 Hepatitis B _____
 Pneumococcal Conjugate _____
 Meningococcal C Conjugate _____

2nd visit – 2 months after 1st visit:

Diphtheria _____
 Pertussis _____
 Tetanus _____
 Polio _____
 Haemophilus Influenzae Type b (Hib) _____
 Hepatitis B _____
 Pneumococcal Conjugate _____

3rd visit – 2 months after 2nd visit:

Diphtheria _____
 Pertussis _____
 Tetanus _____
 Polio _____
 Haemophilus Influenzae Type b (Hib) _____
 Hepatitis B _____
 Pneumococcal Conjugate _____

4th visit – 12 months of age:

Measles _____
 Mumps _____
 Rubella _____
 Meningococcal C Conjugate _____
 Varicella (chicken pox) _____

5th visit – 12 months after 3rd visit:

Diphtheria _____
 Pertussis _____
 Tetanus _____
 Polio _____
 Haemophilus Influenzae Type b (Hib) _____
 Measles, Mumps, Rubella _____
 Pneumococcal Conjugate** _____

4 – 6 years of age:

Diphtheria _____
 Pertussis _____
 Tetanus _____
 Polio _____
 Varicella (chicken pox) _____

Other immunizations

**Pneumococcal Conjugate – babies born on or after July 1, 2003; Meningococcal C Conjugate – babies born on or after July 1, 2002



Mini Miracles Family Centre Family - Centre Agreement

I (please print) _____, parent/guardian of _____ have been provided with a copy of the Mini Miracles Parent Handbook and have read, understand and agree to the policies and procedures contained with-in it

Parent/Guardian Signature _____

Date _____

Staff Signature _____

Date _____



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Sunscreen Permission Form

I _____ (Parent/Guardian Name) give my consent
to have the staff of Mini-Miracles apply sunscreen to

(Child' Name) _____ when required.

I also agree to do the following:

- To supply the sun screen to be used on my child when they begin attending the Mini- Miracles program
- To leave the sunscreen at the centre to be used as needed on my child.
- To “re-stock” the sun screen supply for my child when it is requested by Mini-Miracles staff
- Families are responsible for sun screening in the morning and staff will re-apply in the afternoon

Parent/Guardian Signature: _____

Date: _____



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Photograph Authorization

I, _____, parent or guardian, consent that pictures of my child(ren), _____

May be used for:

- Mini Miracle's newsletters and bulletin boards
- John Paul II, newsletters and bulletin boards
- Mini Miracle's publications, promotional material, community projects, newspaper
- John Paul II, publications, promotional material, community projects, newspaper
- Mini Miracle's Facebook page (invite only page)
- John Paul II Facebook page
- None of the above

Parent/Guardian Signature _____

Date: _____