

LEAPIN' LIZARD'S REGISTRATION FORM

Date Received: _____

Enrolment Date: _____

Withdrawal Date: _____

Child's Name: _____

Birth Date: _____ Male Female

Name of Parents/Guardians:

Physical Address:

Mailing Address:

Home Number: _____

Work Number: _____ Ext: _____

Work Number: _____ Ext: _____

Cell Number: _____

Email address(es):

Family Doctor: _____

Dr.'s Telephone: _____

Dentist: _____

Dentists's Telephone: _____

Medical Services Plan Number: _____

Description of Child:

Height: _____

Weight: _____

Hair Colour: _____

Eye Colour: _____

Please supply current colour photograph of your child.

Does your child have any distinguishing features? Yes No

If yes, describe:

Persons to contact in case of emergency (OTHER than parents or guardians)

1. Name: _____ Relationship: _____
Phone # _____

2. Name: _____ Relationship: _____
Phone # _____

Immunization Status:

- Complete
- Not Complete
- Not Immunized

Other Health Concerns: Allergies? If yes, what kind?

Epi-pen? Yes No

- Asthma? Convulsions? Colds? Bronchitis? Sore Throats?
- Urine Infections? Hay Fever? Bleeding Nose? Ear Infections?
- Skin Conditions? Other medical problems?

Is child on any medications? Yes No

If yes, what?

Has child any vision, hearing, or speech concerns?

Learning/physical concerns?

Any behaviour/emotional concerns?

Special diet?

Other concerns?

Is child toilet trained? Yes No

Significant changes in your child's life (i.e. death, separation, move, new sibling)?

Yes No If yes, what?

Special instructions about food likes and dislikes, nap time, toilet, favourite things, fears, religious, and/or cultural observances, etc.

Is there a custody agreement or restraining order? Yes No
(if yes, a copy must be provided)

The following people are NOT authorized to have access to my child:

Name: _____

Relationship: _____

Phone#: _____

Name: _____

Relationship: _____

Phone#: _____

Name: _____

Relationship: _____

Phone#: _____

The following people are AUTHORIZED to pick up my child:

Name: _____

Relationship: _____

Phone#: _____

Name: _____

Relationship: _____

Phone#: _____

Name: _____

Relationship: _____

Phone#: _____

Name: _____

Relationship: _____

Phone#: _____

I understand that staff or management must report any accident or incident of a suspicious nature. Yes

I have read and agree to the above information and will notify the Leapin Lizard's staff or management if there are any changes. Yes

Signature of Parent / Guardian

Date: _____

Signature of Parent / Guardian

Date: _____

LEAPIN' LIZARD'S CONTRACT

- Yes, I agree to the payment of \$_____ per _____ to be paid _____ (weekly, monthly, or in advance.)

- Yes, I understand that fees do not include breakfast, lunch, dinner, snacks, transportation, special diet, or special activities

- Yes, I, the undersigned, will make every effort to be prompt in bringing my child to Leapin' Lizard's at _____ a.m. and picking my child up from Leapin' Lizard's by _____ p.m.

- Yes, I agree that any time over and above the agreed hours of care, will be charged as overtime at the rate of \$10 per every 5 minutes.

- Yes, I agree that in the event of absenteeism due to illness, vacation, etc., NOT initiated by the caregiver, I understand I am still responsible for full payment, unless otherwise arranged as noted below: _____

- I will not send my child to Leapin' Lizard's if they are ill and I will notify the caregiver if my child has come in contact with a communicable disease.

- In the case of accident or illness I authorize facility staff to contact a physician and/or ambulance. I accept responsibility for payment of ambulance fees.

- In case of caregiver emergency I authorize a substitute caregiver to care for my child.

- I have received a copy of the *Leapin' Lizard's Parent Handbook*. I have read and agree to all of the policies as provided to me.

I give permission for my child to participate in:

Spontaneous walking trips with the caregiver: Yes No

Spontaneous car trips with the caregiver: Yes No

For any other spontaneous or planned field trips, a separate consent is required.

I give permission for my child's photograph to be taken and possibly used for general advertising of Leapin' Lizard's Yes No

I give permission for staff of Leapin' Lizard's to share information between staff and my child's teacher and/or support teacher, whenever necessary, for my child's well being Yes No

Yes, by initialing I confirm receipt of the Leapin' Lizard's Refund Agreement.

It is the responsibility of both the caregiver and the enrolled child's parents to let each another know if the child seems unhappy or that the arrangement is unsatisfactory for any reason.

This contract can be terminated by either party during the adjustment period of _____ (days/weeks/etc.) After this adjustment period, termination of childcare services requires thirty (30) days notice by either party in writing.

I am aware that ALL Child Care Facilities and registration information is open to visits from the Local Health Centre Staff such as: Licensing Officers and Public Health Nurses. These visits are for information and support.

I have read and agree to the above information and will notify the caregiver if there are any changes.

Parent/Guardian Signature

Date: _____

Caregiver Signature

Date: _____

**LEAPIN' LIZARD'S
EMERGENCY CONSENT CARD**

CHILD'S NAME: _____ BIRTHDATE: _____

MALE FEMALE Surname First Name(s) CHILD LIVES WITH: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

MOTHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

FATHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

THE FOLLOWING PEOPLE DO NOT HAVE ACCESS TO MY CHILD:

NAME:	PHONE:
_____	_____
_____	_____

ADULTS AUTHORIZED TO PICK UP MY CHILD:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

CHILD'S DR: _____ PHONE: _____

ALLERGIES: _____

MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

MEDICAL SERVICES CARD #: _____ DATE EFFECTIVE: _____

DESCRIPTION OF CHILD: Height: _____ Weight: _____ Hair Colour: _____ Eye Colour: _____

DISTINGUISHING FEATURES: _____

_____ In case of emergency, I authorize caregivers to release my child to emergency
Initial personnel ie; police, paramedic for emergency purposes.

_____ In the case of accident or illness I authorize the facility staff to contact a physician
Initial and/or ambulance. I accept responsibility for payment of ambulance fees.