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: ______________________

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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

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☐ 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?

____

____

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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#: ___________________________________

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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: ___________________________________

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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.

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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

□ 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: ______________

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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 <u>DO NOT</u> 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.

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