UNBC CHILDCARE SOCIETY REGISTRATION FORM

3333 University Way, Prince George, BC V2N 4Z9 | Phone 250 960 5720 www.unbc.ca/child-care-centre

Email: sydney.rustemeyer@unbc.ca *Please print legibly. Complete one form for every child*

Application Date _____Requested Start Date _____

❑ **Raven's Nest Preschool 3 – 5 Years**

Tuesday + Thursday ❑ 9:00am – 11:30am ❑ 12:45pm – 3:15pm –WE DO NOT HAVE A T/TH CLASS OPERATING FOR THE FALL 2024 AT THIS TIME. IF SELECTED YOU WILL BE PLACED ON A WAITLIST IF THE PROGRAM RE-OPENS

Monday, Wednesday + Friday ❑ 9:00am – 11:30am

Child Information

Child's Name (first + last)	Name Child Responds To	❑ M ❑ F ❑ X
Birth Date (d/m/y)	Current Age	

Parent/Guardian 1 Contact Information

Name (first + last)	Home Phone	Cell Phone
Relationship to Child	Email	
Address (include postal code)		
Employer/Occupation	Work Phone	Student/Staff #

I am ❑UNBC Student ❑UNBC Staff & Faculty ❑ UNBC Alumni ❑ Community

Parent/Guardian 2 Contact Information

Name (first + last)	Home Phone	Cell Phone
Relationship to Child	Email	
Address (include postal code)		
Employer/Occupation	Work Phone	Student/Staff #

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Has your child previously attended a childcare setting? ❑ No ❑ Yes Where? _____

What was your reason for leaving? _____

FAMILY INFORMATION

Is there a custody agreement ❑ No ❑ Yes (please attach relevant documentation)

Child lives with ❑ Both parents ❑ Mother ❑ Father ❑ Guardian

Siblings in the home? ❑ No ❑ Yes

2 people authorized to pick up child and/or be contacted in case of emergency other than parents (parents will always be contacted first). *All must be 19 years of age or older and present photo ID.*

1. Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____/ Cell_____

2. Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____/ Cell_____

CHILD HEALTH INFORMATION

BC Care Card Number _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Is your child independently toileting? (Your child must meet this requirement at the time of enrollment, or may be asked to delay their start to a later date) _____

Languages spoken at home: _____

Does your child speak English? _____ Can your child verbalize their needs clearly?_____

Do you have any concerns about your child's development? _____

_____

Has your child ever been assessed by the Child Development Centre, or other health care professionals regarding your child's cognitive or physical development?

_____

Other Health Professionals Involved With Your Child

_____ Phone _____

_____ Phone _____

Description of Care Needs/Health Care Diagnosis

_____

_____

Please indicate and comment on the following health areas and provide any additional special instructions for the provision of care for your child:

❑ Medications ❑ Vision ❑ Hearing ❑ Allergies ❑ Speech/Language ❑ Other

Explain

_____

_____

Is your child immunized against communicable illness? ❑ No ❑ Yes (attach copy of immunization record)

In Case of Illness or Injury

I hereby give permission for the center staff or their representative to call an ambulance for transportation to the University Hospital of Northern BC if needed. I understand that all costs incurred are the responsibility of the parent /guardian.

_____ _____

Parent/Guardian Signature Date

_____ _____

Staff Signature Date

For Office Use Only

Date Received_____ (d/m/y) Staff Initial _____

Approved ❑ Yes
❑ No

updated December 2023