



## REGISTRATION FORM

Name of Child		Name Child Responds To	
Sex	Birthday	Enrollment Date	
Address			
Mother's Name		Home Phone	Work Phone
Father's Name		Home Phone	Work Phone
Doctor's Name		Phone	
Care Card Personal Health Number			
Allergies/Reaction/Treatment			
Illnesses or Medical Conditions/Symptoms/Treatment			
EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN			
Name	Relationship to Child	Home Phone	Work Phone
PERSONS AUTHORIZED TO PICK UP CHILD FROM LOVING MOM DAYCARE			
Name	Relationship to Child	Phone	
If there is a custody agreement, please give details:			



## IMMUNIZATION HISTORY

IMMUNIZATION HISTORY	IMMUNIZATION DATES					
	DATE	DATE	DATE	DATE	DATE	DATE
Diphtheria/Pertussis/Tetanus						
HIS (Meningitis)						
Measles/Mumps/Rubella						
Please indicate where original records can be found:						
Special Diet (explain)						
Special instructions or comments for Samantha						

I authorize the *staff* of Loving Mom Daycare to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

Signature of Parent/Guardian

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Date

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Samantha Gorrie, Owner, Loving Mom Daycare

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### CAREGIVER/PARENTS AGREEMENT

1. **This agreement is between** Samantha Gorrie, the caregiver of Loving Mom Daycare  
17333 – 58A Avenue, Surrey, B.C. V3S 1M7  
Telephone: 604 575-8165

And \_\_\_\_\_ the parent(s) / Guardian(s) of  
(both parents/guardians names are required)

\_\_\_\_\_  
(Childs Name)

2. **Fees:**

The child care fee will be \$\_\_\_\_\_ (monthly) or \$\_\_\_\_\_ (weekly) or \$\_\_\_\_\_ (daily) payable weekly, biweekly or monthly.

- The full fee as stated above, is to be paid regardless of the number of days the child attends
- All Statutory holidays, on which your child usually attends the facility, have to be paid for

3. **Hours and Days:**

The agreed hours of the child’s attendance are \_\_\_\_\_. A certain amount of flexibility is appropriate

4. **Notice of Withdrawal:**

Both the parent(s) and the caregiver agree to give one month’s written notice when the child is to be withdrawn from the child care. The parent agrees to pay one month’s fee in lieu of notice

5. **Probationary Period:**

The caregiver and/or parent(s) reserve the right to request that a child is withdrawn from care if he/she is unable to adapt or adjust within the first month, or, in the caregiver’s opinion, has social, emotional, or physical needs that the caregiver feels she is unable to provide for. During this period, either the caregiver to the parent(s) will require only one week’s notice. After the first month, the caregiver and or parent(s) will be required to give one month’s written notice.

**I have read and understood the above agreement and accompanying policies**

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Caregiver)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

Commencement Date: \_\_\_\_\_