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pathwayschildcarecentre.com





Child's Name: _____

child's information

Child's Full Name _____

Name Child Responds To _____

Address _____ Home Phone _____

Sex Male Female Birth Date (dd/mm/yr) ____ / ____ / ____

First Day of Attendance ____ / ____ / ____ Last Day of Attendance (dd/mm/yr) ____ / ____ / ____

Childs Strong Dislikes _____

parent / guardian information

Mother's Full Name _____

Address _____ Home Phone _____

City _____ Province _____ Postal Code _____

Occupation _____ Work Phone _____ Ext _____

Name of Employer _____ Cellular Phone _____

Preferred eMail _____

Father's Full Name _____

Address _____ Home Phone _____

City _____ Province _____ Postal Code _____

Occupation _____ Work Phone _____ Ext _____

Name of Employer _____

Preferred Email _____ Cellular Phone _____

Legal Custody

Parent/Guardian with Legal Custody _____

Parents are: Married Living Together Divorced Separated Widowed Single

Custody Orders Yes No (if yes, documentation must be attached)

Are there people not permitted access to the child Yes No

Names _____

Other Household Member

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

alternates for child pick-up

Child's Name: _____

Please list below the people who have permission to pick up your child. Note: Anyone picking up your child must present photo identification.

Name _____

Name _____

Name _____

Name _____

Name _____

Individuals listed below will be contacted in the order given during emergency situations when all attempts to contact the parents or guardians fail. Note: anyone picking up your child must have Photo ID.

Primary Emergency Contact (other than parents or guardian)

Name _____

Home Phone _____ Work Phone _____ Cellular Phone _____

Relationship to Child _____

Address _____

Secondary Emergency Contact (other than parents or guardian)

Name _____

Home Phone _____ Work Phone _____ Cellular Phone _____

Relationship to Child _____

Address _____

Secondary Emergency Contact (other than parents or guardian)

Name Phone _____

Relationship to Child _____ Work Phone _____ Cellular Phone _____

Address _____

Secondary Emergency Contact (other than parents or guardian)

Name _____

Home Phone _____ Work Phone _____ Cellular Phone _____

Relationship to Child _____

Address _____

Any Special Instructions on how to reach parents _____

health history

Child's Name: _____

Does he/she suffer from any known health problems? Yes No

Please Specify _____

Has he/she had any recent illness? Yes No

Please Specify _____

Does he/she suffer from any known allergies? Yes No

Please Specify _____

Specific instructions for an allergic reaction _____

Please list any known communicable diseases _____

emergency information

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Medical Health Number (BC Care Card) _____

Regular Medications _____

Medicine Allergic to _____

Food Allergies _____

Any other Allergies _____

Any Special Health Conditions _____

policies and procedures

Photos

I give permission to Pathways to take photos for display boards within the centre.

Y____ N_____

I give permission to Pathways to post photos on social media.

Y____ N_____

Permission to sunscreen your child in the summer?

Y__ N__

Pathways provided_____ or parent provided_____

Permission to attend walks which included; forest and community behind us and Providence Farm?

Y__ N__

I have read and agree with the information contained within the Parent Enrollment Package (Policies and Procedures).

Parent Name

immunization record

Child's Name: _____

Schedule and Record of Immunization as submitted by Parent or Guardian

(Please Record Date of all Immunizations)

Note: If you would prefer, a copy of your child's immunization booklet is also acceptable. If you do not have access to a photocopier, we would be happy to photocopy it for you.

1st Visit - 2 Months of Age

Diphtheria _____

Pertussis _____

Tetanus _____

Polio _____

Haemophilus Influezae

Type B (Hib) _____

Hepatitis B _____

2nd Visit - 2 Months after 1st visit

Diphtheria _____

Pertussis _____

Tetanus _____

Polio _____

Haemophilus Influenzae

Type B (Hib) _____

Hepatitis B _____

3rd Visit - 2 months after 2nd visit

Diphtheria _____

Pertussis _____

Tenatus _____

Polio _____

Haemophilus Influenzae

Type B (Hib) _____

Hepatitis B _____

4th Visit - 12 Months of Age

Measles _____

Mumps _____

Rubella _____

5th Visit - 12 Months after 3rd visit

Diphtheria _____

Pertussis _____

Tetanus _____

Polio _____

Haemophilus Influenzae _____

Pneumococcal Conjugate _____

Measles, Mumps, Rubella _____

4-6 Years of Age

Diphtheria _____

Pertussis _____

Tenatus _____

Polio _____

Other Immunizations

PAYMENT PREFERENCE

Post Dated Cheques Yes (up to 6 months = September - February | March - August)

Online Payments Yes (Please contact us for instructions)

Childcare Subsidy Yes (See note below)

By checking the Childcare Subsidy option, you may need to visit the website of the Ministry of Children and Family Development at http://www.mcf.gov.bc.ca/childcare/subsidy_promo.htm for information on your specific needs."

There you will see all of the subsidy application forms you will need to fill out to apply for, change or renew childcare subsidy. If you are unsure of which forms you will need, please contact the Ministry of Children and Family Development for information on your specific needs.

We suggest book marking the page. If you require any of these forms printed or faxed we would be happy to help.