



2439 Recreation Road, Shawnigan Lake, BC V0R 2W2 ~ (250) 743-7711 ~ www.serenitycovechildcare.com

APPLICATION FORM

Today's Date:

Desired Start Date:

Desired Days and Hours of Care:

Family Information:

Your Child's Name:

Gender (please circle): Male Female

Date of Birth: / /
 Month Day Year

Child's Health Number:

Address:

Postal Code:

Parent / Guardian's Name:

Address (if different from above):

Postal Code:

Phone Number(s):

Home:
Work:

Cell:

Email Address:

Child's Siblings (please include name and age of each child):

About Your Child:

My child is (please circle): Bottle-fed Breast-fed Not Applicable

How often does your child typically need to eat/feed?

What are your child's current food preferences?

How often does your child typically need to sleep/rest during the day?

What is your child's current sleeping/resting routine?

How often does your child typically need to be diapered/toileted?

What is your child's current diaper change or toileting routine?

What else can you tell me about your child that may assist me in providing the best care possible for him/her (favourite toy or snugly, use of soother or soothing strategies, favourite activities/games, special interests, favourite stories/songs, etc)?:

Consent:

Please sign the following consent statements:

It is my policy to contact the parent if a child becomes ill or needs medical attention.

If I am unable to reach the parent or an authorized pick-up person, I will take the child to the nearest emergency facility. I hereby give the staff at Serenity Cove Children's Centre permission to take my child, _____, when ill or injured, to the nearest emergency facility for medical care if I or an authorized person cannot be reached.

Signature:

Date: / /
 Month Day Year

With your permission, I will apply sunscreen to your child's exposed skin from spring until early fall before we go outside. I hereby give the staff at Serenity Cove Children's Centre permission to apply sunscreen to my child's skin.

Signature:

Date: / /
 Month Day Year

Written, photo and video documentation are used to record and communicate the children's learning and are shared with families at the centre throughout the year. I

hereby give the staff at Serenity Cove Children's Centre permission to make written/photo and video recordings of my child and to post these at the centre.

Signature:

Date: / /
 Month Day Year

I have read, understood, and agree to support the standards of care as outlined in the parent information package that accompanies this application form.

Signature:

Date: / /
 Month Day Year

Please note: In order to secure a child care space, a deposit of \$100 (for part-time care) and \$200 (for full-time care) must be submitted prior to the beginning of the first month of care. The balance of fees for the first month is due on the *first day of that month*.

Thank you for your application to Serenity Cove Children's Centre.