

# MINI-MIRACLES FAMILY CENTRE

4006-8<sup>th</sup> Ave., Port Alberni, B.C. V9Y 4S4

Ph: (250) 723-0637

Fax: (250) 720-0379

## REGISTRATION FORM

### Mini Miracles Programs

Registration Fee Paid: \_\_\_\_\_

REQUESTED START DATE: \_\_\_\_\_

\_\_\_\_\_ Infant/Toddler (0 months- 36 months) 8:00am-5:30pm (FULLTIME ONLY)

\_\_\_\_\_ Group Daycare (30 months – School aged) 8:00am-5:30pm (FULLTIME ONLY)

\_\_\_\_\_ Morning Preschool 9:00 – 11:30 am: M/W/F \_\_\_ T, TH \_\_\_ MON to FRI \_\_\_\_\_

\_\_\_\_\_ Afternoon Preschool 12:15-2:45: M/W/F \_\_\_ T, TH \_\_\_ MON-FRI \_\_\_\_\_

\_\_\_\_\_ Out of School Care (School Aged) 3:00-5:30pm (FULLTIME ONLY)

***\*Please note that a \$50.00 nonrefundable registration fee is due upon registering- \_\_\_\_\_***

---

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
First /Middle/Last

Name Child Responds to: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

Street Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

### Father/ Guardian's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother/ Guardian's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Person(s) with whom the child lives:

\_\_\_\_\_

**Alternate Emergency Contacts**

If neither Guardians are reachable Alternate Emergency Contacts will be contacted. **(Please provide two):**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Authorization for Pick-up:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature for consent to release a child to someone other than a parent:

\_\_\_\_\_

**Is there anyone who is not permitted to pick up under any circumstances?** If it is a parent, with limited or restricted guardianship, we require Court Documents for our records.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Custody Agreement details (if any) that you wish us to be aware of: \_\_\_\_\_

**Health Information:**

Illness(es) that the child has had: \_\_\_\_\_

Is your child able to participate in all areas of the program? Y / N

Does your child have any physical restrictions? Y / N

Does the child:

Have Vision Problems? Y / N      Have hearing problems Y / N

Have Speech/language problems? Y / N      Takes medications? Y / N

Require a special diet? Y / N      Have other health concerns? Y / N

Have allergies? Y / N      Have food dislikes? Y / N

Specify and comment on items circled "Y" \_\_\_\_\_

Is there anything else you wish for us to know about your child?

**Emergency Health Information:** Please note that this section needs to be completed and immunization records attached in order to start attending.

**Physician Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Care Card Number:** \_\_\_\_\_ (This information is a licensing requirement.)  
Information to readily identify your child in case of an emergency:

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Birthmarks: \_\_\_\_\_ Other identifying features: \_\_\_\_\_

**Emergency Consent:**

It is the policy of Mini-Miracles Family Centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate

help for the child. Our procedure is to call for an ambulance. Please sign below so that we can take appropriate action on behalf of your child.

I hereby give my consent for the staff of Mini Miracles or St. John Paul the II School to call an ambulance and (if required) have the ambulance transport my child\_\_\_\_\_ to the nearest hospital (WCGH) if deemed necessary. I understand that a Mini Miracles staff member or a St. John Paul the II staff member may accompany (or meet) my child at the hospital and that this staff member may stay with my child until myself or another family member arrives.

By signing, I also acknowledge that I will be billed for and by the British Columbia Ambulance Services for any services they provide.

\_\_\_\_\_  
Parent/Guardian                      Name (Please Print)                      Signature

### Immunization Records

Please attach a copy of your child's immunization record from the Public Health Unit , or indicate dates that immunizations were received below. If you have chosen to not immunize, we require a signed and dated letter stating that your child(ren) has not been immunized.

**1<sup>st</sup> visit – 2 months of age:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type b (Hib) \_\_\_\_\_  
Hepatitis B \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_  
Meningococcal C Conjugate \_\_\_\_\_

**2<sup>nd</sup> visit – 2 months after 1<sup>st</sup> visit:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type b (Hib) \_\_\_\_\_  
Hepatitis B \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_

**3<sup>rd</sup> visit – 2 months after 2<sup>nd</sup> visit:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type b (Hib) \_\_\_\_\_  
Hepatitis B \_\_\_\_\_  
Pneumococcal Conjugate \_\_\_\_\_

**4<sup>th</sup> visit – 12 months of age:**

Measles \_\_\_\_\_  
Mumps \_\_\_\_\_

Rubella \_\_\_\_\_  
Meningococcal C Conjugate \_\_\_\_\_  
Varicella (chicken pox) \_\_\_\_\_

**5<sup>th</sup> visit – 12 months after 3<sup>rd</sup> visit:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Haemophilus Influenzae Type b (Hib) \_\_\_\_\_  
Measles, Mumps, Rubella \_\_\_\_\_  
Pneumococcal Conjugate\*\* \_\_\_\_\_

**Continued next page.**

### Immunization Records

**4 – 6 years of age:**

Diphtheria \_\_\_\_\_  
Pertussis \_\_\_\_\_  
Tetanus \_\_\_\_\_  
Polio \_\_\_\_\_  
Varicella (chicken pox) \_\_\_\_\_

**Other immunizations**

\_\_\_\_\_

\*\*Pneumococcal Conjugate – babies born on or after July 1, 2003; Meningococcal C Conjugate – babies born on or after July 1, 2002



**Mini-Miracles Family Centre**

4006 – 8<sup>th</sup> Avenue, Port Alberni, BC V9Y 4S4

Tel: 250-723-0637 Fax: 250-720-0379

**Family Agreement**

I (please print) \_\_\_\_\_, parent/guardian of \_\_\_\_\_ have been provided with a copy of the Mini Miracles Parent Handbook and have read, understand and agree to the policies and procedures contained within it.

Parent/Guardian Signature \_\_\_\_\_

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

Staff Signature \_\_\_\_\_

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



## **Mini-Miracles Family Centre**

4006 – 8<sup>th</sup> Avenue, Port Alberni, BC V9Y 4S4

Tel: 250-723-0637 Fax: 250-720-0379

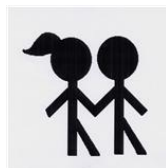
### **Sunscreen Permission Form**

I \_\_\_\_\_ (Parent/Guardian Name) give my consent to have the staff of Mini-Miracles apply sunscreen to my child. If I chose to not use the sunscreen that is provided by the center, I agree to do the following:

- **To supply the sunscreen of my choosing to be used on my child**
- **To leave the sunscreen at the centre to be used as needed on my child**
- **To “re-stock” the sunscreen supply for my child when it is requested by Mini-Miracles staff**
- **We ask that all families sunscreen their children in the morning prior to coming to the centre and staff will re-apply in the afternoon**

Parent/Guardian Signature: \_\_\_\_\_

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



**Mini-Miracles Family Centre**

## Photograph Authorization

I, \_\_\_\_\_, parent or guardian, consent that picture of my  
child(ren), \_\_\_\_\_

May be used for:

- Mini Miracle's newsletters and bulletin boards
- John Paul II, newsletters and bulletin boards
- Mini Miracle's publications, promotional material, community projects,  
newspaper
- John Paul II, publications, promotional material, community projects,  
newspaper
- Mini Miracle's Facebook page (invite only page)
- John Paul II Facebook page
- None of the above

Parent/Guardian Signature \_\_\_\_\_

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



### Mini-Miracles Family Centre



## Field Trips and General Release Waiver

I hereby give permission for my child, \_\_\_\_\_, to be taken out of the Mini-Miracles Family Centre for field trips that are within walking distance as part of our childcare program. Children will be supervised at all times by the Mini-Miracles staff and may use the public transit system. All mandatory safety precautions will be in accordance with the Provincial Child Care Regulations.

I, for myself, my heirs and estate executors, release **The Bishop of Victoria Corporation Sole**, Island Catholic Schools, and its respective servants, agents or employees from any claims, demands, damages, or actions arising out of or in consequence of any loss, injury or damage to my son/daughter or property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian