

2541

Cover page

Child's name: Soren Lyndy Potts

Program: Infant & Toddler

Sick policies & procedures page: ✓

Registration form: ✓

Photo: yes

Parents name and contact info: TARA (250307 5117)  
JOHN (250550 4170)

Start date: JULY 1

Emergency contact info: MARY EVAN (778 9322019)  
JAKE & JENNA

PHN: 9693 541735

Dr. Name and number: DR. E. STEVERSON (210 5491245)

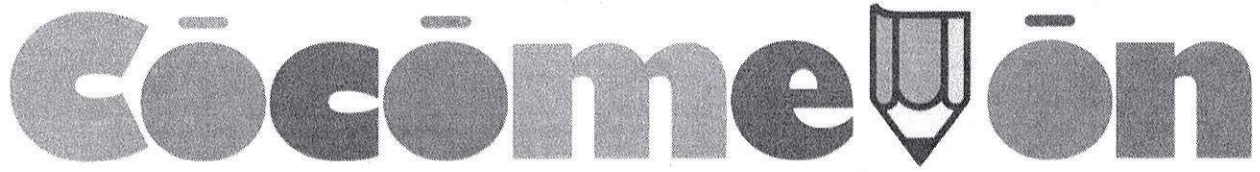
Immunization records or form: yes

Media release: NO

Court order: NONE

Care plan: NONE

Allergies: NONE



### Registration Check List

**Your registration with Cocomelon Learning Centers is complete with the submission of the following items:**

- ☐ Completed registration forms (all areas filled in).
- ☐ Immunization records with dates received or a copy of health passport.
- ☐ Signed Pre-Authorized Debit agreement (PAD) stating fees, program, center and start date.
- ☐ VOID cheque or printed banking information sheet.
- ☐ Registration fee in the amount of \$ 100.00.
  - ☐ Cash (exact amount).
  - ☐ Cheque made payable to Cocomelon Learning Center.  
Chq No.# \_\_\_\_\_
  - ☐ Charge to PAD (with signed consent on PAD)
- ☐ Affordable Child Care Benefit
  - ☐ Child Care Arrangement Form attached
  - ☐ Not applying for Affordable Child Care Benefit

***Please include this cover page with your completed application and the above noted items.***

Office Use Only	
Child's Name: <u>SOREN</u>	
Center: <u>Cocomelon.</u>	Date Received: <u>June 18<sup>th</sup> 2024</u>
Program: <u>IT.</u>	Received By: <u>by walkin</u>
Days Attending: <u>Mon- Fri</u>	Reviewed By Manager: <u>✓ [Signature]</u>





OFFICE USE ONLY

PROGRAM: \_\_\_\_\_

DAYS ATTENDING: \_\_\_\_\_

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

SCHOOL (BNA Only): \_\_\_\_\_

**REGISTRATION FORM**

\*All Areas Must Be Filled Out - (Information Is Kept Confidential)\*

Name of Child: Sören Lyndy Potts Date of Birth: 2022/DEC/22  
yyyy / mmm / dd

Name Child Responds To: Soren or "So" Gender of Child: M / ☒ F (circle one)

Address: 2802 39<sup>TH</sup> ST Phone: (250) 307-5117

City: VERNON Postal Code: V1T 6J4

Family Email Address: Taraandressen@hotmail.com

Parent/Guardian: TARA POTTS Occupation: RN

Employer: INTERIOR HEALTH Work Phone: (250) 558-1213

Relationship to child: MOTHER Cellular: (250) 307-5117

Parent/Guardian: JOHN "JESSE" POTTS Occupation: Research Analyst

Employer: SQM group Work Phone: (250) 550-4170

Relationship to child: FATHER Cellular: (250) 550-4170

Person(s) whom child lives with: Parents & Sister Signe

If there is a Custody Agreement, please give details: N/A

Does your family identify as Aboriginal, Indigenous, First Nations: No**Emergency Contact / Authorized Pick Up List**

(Other than Parent/Guardian, list alternative relatives or friends within the area that we could contact in case of an emergency.)

Name	Phone	Address	Relationship
1. <u>MARY EVANS @ 778-932-2069</u>	<u>3005 21<sup>ST</sup> ST</u>	<u>VERNON</u>	<u>Grandmother</u>
2. <u>JAKE EVANS @ 250-558-1608</u>	<u>"</u>		<u>Grampa</u>
3. <u>JENNA HARRISON @ 204-292-6847</u>	<u>1914 32<sup>ST</sup></u>	<u>VERNON</u>	<u>Family Friend</u>

**Unauthorized Person's List (No Access. No Contact)**N/A**Please Note: We Will Not Release Your Child To Anyone Who Is Not On The Approved Pick Up List**

\* Please let these people know they might be called in case of an emergency \*

**Other Children in Household:**

Name \_\_\_\_\_

Birthdate

### Relationship

Signe Potts

01 JUL 2019

Sister

Languages Spoken in the Home: ENGLISH

Do you have any customs or religious beliefs of which you feel we should be aware?

None - Non-Christian

**Child's Interests and Activities:**

Has your child been in a previous child care facility? (Please circle) YES

NO

If YES, name of Facility: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does your child prefer to play: alone ☐ with playmates ☐ with sibling/s ☒ with adults ☐

Does your child have imaginary playmates? Yes No

Does your child have any pets? Yes ☐ No ☒ Name of Pet: \_\_\_\_\_

What are his/her favourite indoor activities? Reading, singing, dolls/stuffies

What are his/her favourite outdoor activities? Ride-on toys, slides, walks

## Guidance and Behaviour

Would you judge your child to be:

easily managed ✓      fairly easily managed \_\_\_\_\_      difficult to manage \_\_\_\_\_

Does your child have any fears? (Yes) No Separation from Mom

Does your child: anger easily \_\_\_\_\_ prefer to be alone \_\_\_\_\_ become easily discouraged \_\_\_\_\_ *None*

Are there any special circumstances in the family, which may be a factor in your child's present behaviour (divorce, death, new baby, recent move, hospitalization, etc.)?

Please explain: 1<sup>st</sup> time in care as maternity leave ends.

Do you have any concerns about your child's present behaviour? None.

Is your child under the guidance of a supportive child development agency? (eg. Reach, Inclusion Langley – Child Services, The Centre for Child Development, Fraser Valley Child Development Centre or equivalent.)

Yes ☒ No ☐ If Yes, which agency: \_\_\_\_\_

Reason that you sought support:

Please indicate the consultants name and contact number:

*\*In order to set your child up for success in our programs, please add any additional comments on the back of this page that you feel will help us understand your child better.\**



## Health Information

Is your child immunized (please circle): YES (please fill in table below)

NO

Immunizations: \***FILL IN DATES. Check marks are not acceptable, thank you.\***

Age	DTaP-HB-IPV-Hib	Pneumococcal	MMR	Meningococcal C	Varicella	Rotavirus	Influenza	Hep A	covid
2 mos.	27 FEB 2023	ll	n/a	ll	n/a	ll	n/a	n/a	
4 mos	21 JUL 2023	ll	n/a	n/a	n/a	ll	n/a	n/a	
6 mos	20 SEP 2023	n/a	n/a	n/a	n/a	n/a	17 OCT 2023		17 OCT 2023
12 mos	n/a	05 JAN 2024	ll	ll	ll	n/a	14 NOV 2023	n/a	08 DEC 2023
18 mos		n/a	n/a	n/a	n/a	n/a	n/a	n/a	
5 year		n/a		n/a	n/a	n/a	n/a	n/a	

Child's Personal Health Care No. 9693 541 735

Has your child had a vision test? YES NO A hearing test? YES NO

Has your child been referred for follow up hearing, speech or vision testing? YES NO

If YES, please explain: \_\_\_\_\_

Past Illnesses: Chicken Pox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Measles NONE  
Whooping Cough \_\_\_\_\_ Mumps \_\_\_\_\_ Other: \_\_\_\_\_

Does your child have any allergies (please circle): YES (please list below) NO

Allergies:

Anaphylactic: (if yes, a separate form will be issued)

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child on a special diet? Yes No

Reason for Special Diet? \_\_\_\_\_

Does your child have any speech difficulties: (please explain) Signs more than uses words.

Has your child been under a doctor's care for any prolonged time? (please explain) No

Family Doctor: Dr. E. Stevenson

Telephone: 250-549-1245

Family Dentist: Dr. A. Berdan

Telephone: 250-542-1179

Paediatrician: N/A

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

Reason for Paediatrician Referral: \_\_\_\_\_

Other Health Care Professionals: N/A

## COCOMELON LEARNING CENTERS - PERMISSION FORM AND PARENT'S AGREEMENT

I, Tara Potts, give permission for my child, Siren Potts to take part in the following:

- |   | INITIAL    |
|---|------------|
| • Class Photographs (Teachers take pictures within class for program purposes)  | <u>TP</u>  |
| • Pictures of my child to appear on Cocomelon website or Facebook page participating in various classroom activities (children are not named or tagged) | <u>No</u>  |
| • Monthly Supervised Field Trips on School Bus (Not Applicable for Infant Toddler Care)   | <u>N/A</u> |
| • Nature Walks and Community Walks around Neighbourhood   | <u>TP</u>  |

### **\*\* PLEASE INITIAL ALL ITEMS WHERE INDICATED BELOW TO COMPLETE REGISTRATION \*\***

- I give my consent to (a) have my child treated by a physician for medical care and to be transported to hospital by ambulance should an emergency arise. **I understand that every effort will be made to contact my spouse or myself before such action is taken.**  
(b) to release a child to someone other than the parent. (ie. A paramedic, hospital staff, a doctor)  
Please Initial ==> (TP)
- In case of injury to my child while in care of Cocomelon Learning Centre, I hereby waive all claims against the organization in excess of public liability insurance (\$5,000,000) carried by Cocomelon Learning Centre.  
Please Initial ==> (TP)
- I agree to submit one void cheque by the month my child begins care to process an automatic withdrawal from my banking account to Cocomelon Learning Centre, and to give **one full calendar month (30 days) written notice, given before the start of the following month** for withdrawal of my child from Cocomelon Learning Centre. After the 30-day notice has been received, we will cancel all automatic withdrawals from your account.  
Please Initial ==> (TP)
- The last date to supply written notice of withdrawal for our **10 months programs** will be February 28th which will have an effective date of withdrawal for March 31st. As it is very difficult to fill a space within the last three months of program, there will be no withdrawals from the program allowed within the last 3 months of school (April - June). Any child in program after March 31st will have an obligation of payment for April, May and June.  
Please Initial ==> (TP)
- There will be a \$25.00 charge on all returned (N.S.F.) fees.  
Please Initial ==> (TP)
- A non-refundable \$100.00 registration fee is required to ensure a registered space for your child. This is charged annually for 10 month programs.  
Please Initial ==> (TP)
- There will be no refund on monthly fees or any portion thereof, regardless of sickness, closures due to inclement weather, school holidays or family vacations.  
Please Initial ==> (TP)
- I understand there is a \$25 fee for additional reprints of tax forms or any additional government requested paperwork.  
Please Initial ==> (TP)

*I have read and understand the policies and procedures as set forth in the Cocomelon Learning Centre Parent Handbook. I also understand that any communication including via email and any attachments that are included are for the sole use of the intended recipient and may be privileged or confidential. Any distribution, printing or other use by anyone else other than Cocomelon is strictly prohibited.*

Parent/Guardian's Name: TPOTS / TARA POTTS

Signature: [Signature]

Parent/Guardian's Name: TPOTS / TARA POTTS

Signature: [Signature]

Date: 16 JUN 2024



### Sunscreen Authorization Form

I understand that I am responsible for applying sunscreen to my child before dropping him/her off at Cocomelon. I will also provide an additional bottle of sunscreen labelled with my child's name that is kept in my child's backpack or at the center so that it is accessible throughout the day if the teachers feel the need to apply more sunscreen.

In the event that my child does not have additional sunscreen on hand, I give permission for the staff to use the brand that belongs to Cocomelon Learning Centre.

Child's Name: Soren Potts

Parent/Guardian's Name: TARA POTTS

Parent/Guardian's Signature: Tara Potts

Date: 16 JUN 2024

### Sunscreen Authorization Form

I understand that I am responsible for applying sunscreen to my child before dropping him/her off at Cocomelon. I will also provide an additional bottle of sunscreen labelled with my child's name that is kept in my child's backpack or at the center so that it is accessible throughout the day if the teachers feel the need to apply more sunscreen.

In the event that my child does not have additional sunscreen on hand, I give permission for the staff to use the brand that belongs to Cocomelon. I am not aware of any allergies that my child has to this brand of sunscreen.

Child's Name: SOREN POTTS

Brand Cocomelon Uses: Coppertone SPF 60 for Kids

Other: \_\_\_\_\_

TARA POTTS  
Parent's Name

[Signature]  
Parent's Signature

Date: 16 JUN 2024

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### Diaper Cream Authorization Form

I understand that I am responsible for supplying the appropriate diaper cream suitable for my child's diapering needs and that it will be labelled with my child's name and stored with my child's belongings.

I hereby authorize the staff of Cocomelon to administer the diaper cream I have supplied as per the specifications and directions on the packaging.

I understand that if no diaper cream is supplied then no cream will be applied and that I will be contacted for further instructions if a rash appears.

Child's Name: SOREN POTTS

TARA POTTS  
Parent's Name

[Signature]  
Parent's Signature

Date: 16 JUN 2024



**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I authorize **1315092 B.C.Ltd. DBA Cocomelon Learning Centre**, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments, for payment of all charges arising under my 1315092 B.C.Ltd. DBA Cocomelon Learning Centre (s). Regular monthly payments of

\$ 710, the full amount of services delivered will be debited to my specified account on the 1st day of each month. 1315092 B.C.Ltd. DBA Cocomelon Learning Centre will provide 10 days written notice of the amount of each regular debit.

1315092 B.C.Ltd. DBA Cocomelon Learning Centre will obtain my authorization for any other one-time or sporadic debits. This authority to remain in effect until 1315092 B.C.Ltd. DBA Cocomelon Learning Centre has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting cocomelon learning centre.

1315092 B.C.Ltd. DBA Cocomelon Learning Centre may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit cocomelon learning centre.

START DATE: 01 JUL 2024 ARE YOU CURRENTLY ENROLLED YES/NO (NO)

Parent's Name(s): TARA POTTS Child's Name: SOREN POTTS

Program Registering For: Infant & Toddler Location: 3011 28th ST.

DOB: 22 DEC 2022 Family Address: 2802 39th ST, VERNON, BC V1T 6J4

City/Town: VERNON Province: BC

Postal Code: V1T 0J4 Phone Number: (Business) 250-558-1213

(Home) 250-307-5117 Email: (Business) tara.potts@interiorhealth.ca

(Home) taraandressen@hotmail.com

Financial Institution (FI): ROYAL BANK of CANADA- 003

FI Transit Number: 000787- FI Account Number: 7811169

(branch -5 digits; FI - 3 digits)

Address: 740 ROSSER AVE

City/Town: BRANDON Province: MB Postal Code: R7A 0K9

Authorized Signature(s): Tara Potts Date: 16 JUN 2024

Child's Name: Soren Potts Date of Birth: 22 Dec 22

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Immunization Schedule and Record

Immunization schedules can change. It is important to immunize on time. You will protect your child from many diseases and help prevent disease outbreaks in your community. Talk to your health care provider, visit [www.ImmunizeBC.ca](http://www.ImmunizeBC.ca) or call HealthLinkBC at 8-1-1 if you have questions.

### 2 months of age

#### 1<sup>st</sup> set of immunizations

Date (y/m/d)

☒ Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B

2023/02/27

☒ Pneumococcal Conjugate

2023/02/27

☒ Meningococcal C Conjugate

2023/02/27

☒ Rotavirus

2023/02/27

Influenza (flu) vaccine is available each year as early as October and is recommended for children 6 months of age and older. Please speak with your immunization provider for more information. Record your child's influenza vaccine on page 11 of this passport.

### Must be given on, or after, the 1<sup>st</sup> birthday – 4<sup>th</sup> set of immunizations

Date (y/m/d)

☒ MMR (Measles, Mumps, Rubella)

☒ Pneumococcal Conjugate

☒ Meningococcal C Conjugate

☒ Varicella (Chickenpox)

Jan 5/2024

### 4 months of age

#### 2<sup>nd</sup> set of immunizations

Date (y/m/d)

☒ Diphtheria, Pertussis, Tetanus, Polio, *Haemophilus influenzae* type b (Hib), Hepatitis B

2023/07/21

☒ Pneumococcal Conjugate

2023/07/21

☒ Rotavirus

2023/07/21

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## Seasonal Influenza Immunization



Interior Health

Name Soren Potts

Date OCT 17 2023

Most people do not have a reaction. You may experience:

☒ **Injection:** Tenderness, soreness, redness, swelling or warmth at injection site. Fever, headache, muscle ache or tiredness.

☒ **Intranasal:** Runny nose or nasal congestion. Decreased appetite, fever, headache, sore throat, cough or weakness.

Report other reactions to local health centre.

823156 Jun 20-22

## Seasonal Influenza Immunization



Interior Health

Name SOREN POTTS

Date NOV 14 2023

Most people do not have a reaction. You may experience: FLUZONE

Name: <u>SOREN POTTS</u>	
Date given: <u>OCT 17 2023</u>	Product name: <u>Moderna mRNA-1273</u>
Lot #: <u>022G33A</u>	Provider or clinic: <u>Vernon</u>
DOSE 1	
Date of birth: <u>Dec 22, 2022</u>	Product name: <u>Flukerina</u>
Lot #: <u>00242234</u>	Provider or clinic: <u>Stirling Gf</u>
DOSE 2	






## How to set up payments and deposits

Use this void cheque to set up pre-authorized payments and direct deposits. It contains your account's transit, institution and account numbers that third parties can use to set up the transactions.

Only share these details with parties you trust.

	TARA POTTS	VOID
<hr/>		<div></div>
<hr/>		
Transit #:	Institution #:	Account #:
00787	003	7811169