



### **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 \$\_\_\_\_\_.
  - ☐ 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.***

<b>Office Use Only</b>	
Child's Name:	
Center:	Date Received:
Program:	Received By:
Days Attending:	Reviewed By Manager:



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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
yyyy / mmm / dd

Name Child Responds To: \_\_\_\_\_

Gender of Child: M / F (circle one)

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

Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cellular: (    ) \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cellular: (    ) \_\_\_\_\_

Person(s) whom child lives with: \_\_\_\_\_

If there is a Custody Agreement, please give details: \_\_\_\_\_  
\_\_\_\_\_

Does your family identify as Aboriginal, Indigenous, First Nations: \_\_\_\_\_

**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.)

NamePhoneAddressRelationship 1.

\_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Unauthorized Person's List (No Access. No Contact)**

\_\_\_\_\_

**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:**NameBirthdateRelationship

Languages Spoken in the Home: \_\_\_\_\_

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

What are his/her favourite outdoor activities? \_\_\_\_\_

**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 \_\_\_\_\_

Does your child: anger easily \_\_\_\_ prefer to be alone \_\_\_\_ become easily discouraged \_\_\_\_

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: \_\_\_\_\_

Do you have any concerns about your child's present behaviour? \_\_\_\_\_  
\_\_\_\_\_

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.			n/a		n/a		n/a	n/a	
4 mos			n/a	n/a	n/a		n/a	n/a	
6 mos		n/a	n/a	n/a	n/a	n/a	n/a		
12 mos	n/a					n/a		n/a	
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. \_\_\_\_\_

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 \_\_\_\_\_

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) \_\_\_\_\_

Has your child been under a doctor's care for any prolonged time? (please explain) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

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

Family Dentist: \_\_\_\_\_

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

Paediatrician: \_\_\_\_\_

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

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

Other Health Care Professionals: \_\_\_\_\_

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

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
to take part in the following:

INITIAL

- Class Photographs (Teachers take pictures within class for program purposes) \_\_\_\_\_
- Pictures of my child to appear on Cocomelon website or Facebook page  
participating in various classroom activities (children are not named or tagged) \_\_\_\_\_
- Nature Walks, Community Walks and Playgrounds around Neighbourhood \_\_\_\_\_

### **\*\* 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 ==> (\_\_\_\_)
- 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 ==> (\_\_\_\_)
- 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 ==> (\_\_\_\_)
- There will be a \$45.00 charge on all returned (N.S.F.) fees.  
Please Initial ==> (\_\_\_\_)
- A non-refundable \$100.00 registration fee is required to ensure a registered space for your child.  
Please Initial==> (\_\_\_\_)
- 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 ==> (\_\_\_\_)
- I understand there is a \$25 fee for additional reprints of tax forms or any additional government requested paperwork.  
Please Initial ==> (\_\_\_\_)

*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: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **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 labeled 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: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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