



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.

Office Use Only	
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.)

	<u>Name</u>	<u>Phone</u>	<u>Address</u>	<u>Relationship</u>
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) _____
- Monthly Supervised Field Trips on School Bus (Not Applicable for Infant Toddler Care) _____
- Nature Walks and Community Walks 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 ==> ()
- 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 ==> ()
- There will be a \$25.00 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. This is charged annually for 10 month programs.
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 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: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____