



Registration Form

Name of child ----- Name child responds to ----- Gender -----

Birth Date ----- Enrollment Date ----- (End Date) -----

Address / Zip Code-----

Mother's Full Name ----- Home phone -----

Mom's Cell phone ----- Mom's Work phone-----

Father's Full Name----- Home phone-----

Dad's Cell phone ----- Dad's Work phone -----

E-mail ----- Person(s) whom the child lives with----- Language spoken at home-----

Doctor's name ----- Doctor's Phone -----

Care Card Number -----

Allergies/reaction / treatment -----

illnesses or medical conditions / symptoms / treatment-----

Emergency contacts, other than parent/guardian

Name	Relationship with child	Home / Work Phone

People are authorized to pick up a child from the childcare facility

Name	Relationship with child	Home / Work Phone

If there is a custody agreement, please give details: *Note: A copy of the custody order must be left with the facility manager.*

Social Information

Names and birthdates of other children living at home

Names	Birthdates

Has child previously attended daycare / preschool?

Yes / No

Name of Facility _____

Health / Nutrition Information

Has vision problems Yes No

Has hearing problem Yes No

Has speech / language problems Yes No

Takes medication Yes No

Requires a special diet Yes No

Has food dislikes Yes No

Has other health concerns Yes No

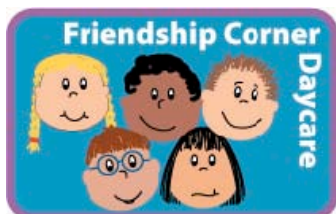
Please specify and comment on any above item marked "Yes".

Additional comments (if any):

Signature of Parent / Guardian _____

Name _____

Date _____



FRIENDSHIP CORNER DAYCARE
2950 Dewdney Trunk Road,
Coquitlam, BC V3C 2J4

DAYCARE CONTRACT

The undersigned hereby acknowledges the reservation of their child for enrollment in Friendship Corner Daycare for the 2025–2026 academic year. With a starting date of _____, and agree to abide by all the rules and regulations, both existing and amended, and further agree to comply with the following conditions:

1. _____ Days a week **Monthly Fee: \$**_____
2. A \$60.00 non-refundable registration fee must be provided. Also, you will need to include \$40.00 for your child's Earthquake Comfort Kit and \$200 deposit. The total required is \$300.00. The kit will be returned to the parents upon the child's withdrawal from daycare on his/her last day.
3. We require a 45-day notice if you choose to terminate this agreement and withdraw your child. If proper notice is not given, the fee for that month will be charged.
4. As we mentioned, we require a \$200.00 deposit, which will be returned on the last day of the month on which the child is leaving, upon the proper notice given for withdrawal.
5. Please return to Friendship Corner Daycare:
 - ☐ **Application Form**
 - ☐ **School Contract**
 - ☐ **\$60.00 non-refundable registration fee**
 - ☐ **\$40.00 for the Earthquake Kit and a family picture**
 - ☐ **\$200.00 Deposit (date of Registration)**
 - ☐ **Emergency Consent Form (with a small picture)**
 - ☐ **Immunization records**

The money you can E-transfer to: friendship.care@live.ca

*\$200.00 deposit paid by _____ and received by _____ Date: _____
Signature: _____ Signature: _____

I declare that the statements and representations made in the contract and other forms as specified in Section 5 are to the best of my knowledge true, complete and correct.

Friendship Corner Daycare Parent or Guardian Date

A copy of this contract will be returned to you for your records.



EMERGENCY CONSENT CARD

Friendship Corner Daycare
Name of Facility

CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Child's Name:

Surname

First Name(s)

Address:

Birthdate:

Year / Month / Day

Gender of Child:

☐ Male

☐ Female

1. Parent's Name:

Child lives with:

Work Phone:

Home Phone:

2. Parent's Name:

Work Phone:

Home Phone:

Emergency Contact:

Phone:

Child's Doctor:

Phone:

1. Allergies

2. Medications

Care Card #:

Picture
of Child

Signature of Parent/Guardian

Witness

Date

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

I/We, _____ / _____, hereby confirm that I/we have read the Friendship Corner Daycare Society Policy And Procedure Manual and fully understand it. I/We promise to abide by the rules outlined in the Manual.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

CONSENT TO PHOTOGRAPHY

I permit my child, _____'s photo to be taken during the regular daily course of events and any special occasions while he/she attends Friendship Corner Daycare.

These photos will be used in the classroom or the cloakroom on our bulletin boards. They will not be published or sold.

PARENT'S NAME (printed): _____

PARENT'S SIGNATURE: _____

DATE: _____

