



Thank you for registering your child at Spare Time

Please complete this document package if you are new to Spare Time Child Care Society: the Spare Time Registration Documents which include the Emergency Consent form and the Immunization form. If required, please visit our website <http://www.sparetimesociety.org/documents/> and complete the [Anaphylaxis](#) or [Asthma Care Plan](#) forms.

Sir Charles Kingsford-Smith These forms have a submit button on the last page of the package that will automatically email the forms to the centre that you have enrolled in.

School 6901 Elliott St
Vancouver, BC
V5S 2N1
T 604 325 1010
F 604 325 1039

This function is dependent on your browsers compatibility (please use Internet Explorer or Safari). To test your browsers compatibility click this button. ☐ If a popup message appears (✖ At least one required field was empty) then your browser support the submit function. **Should this function not work on your computer, please follow the instructions below.**

Spare Time Forms Guide:

- Download the form from our website and save it onto your computer (e.g. onto your desktop). The form is located in the [Registration Tab](#) under [Forms](#). When downloading/saving the form an option will appear to rename it, as well as where to save the it.
 - Rename the form to the name of your child (e.g. Smith, John) and save it to your desktop or another location. (Remember where you saved it as you will need that information later.)
 - If the form opens in your browser and the option to download does not appear, save the PDF form to your computer by using the "save" or "save as" option in your browser.
 - Depending on your browser and PDF program there will either be an icon in the form of a picture of a disk, or the "save / save as" option will be under the "file" menu.
- Complete the form using Adobe Acrobat Reader or another PDF program, tabbing from field to field. **Please sign the forms by typing your name in the signature fields.**
- When you have finished filling in the form, it is now time to save and email the complete PDF form to the centre your child is enrolled in, see addresses below.
 - Click the disk icon or the "save/save as" tab under the "file" menu.
 - Once the form is saved, email it to the centre your child is enrolled in.

Spare Time Bobolink: oliver@sparetimesociety.org
 Spare Time Challenge Club: astrid@sparetimesociety.org
 Spare Time Clubhouse: clubhouse@sparetimesociety.org
 Spare Time Connection: clubhouse@sparetimesociety.org
 Spare Time Treehouse: clubhouse@sparetimesociety.org

- When we receive the forms, we will review them, and add a photo of your child.

Should you have any question regarding the forms, please contact your Centre.

Thank You.

REGISTRATION DOCUMENTS

For Parents Enrolling Children In

The Spare Time Child Care Centres

Spare Time II

Wilfred Laurier School
7350 Laurel Street
Vancouver, B.C. V6P 3T9
Phone: (604) 713-4930

Spare Time Bobolink

David Oppenheimer School
2421 Scarboro Street
Vancouver, B.C. V6P 2L5
Phone: (604) 325-5733
Fax: (604) 325-5703

Spare Time Challenge Club

Kingsford-Smith School
6901 Elliott Street
Vancouver, B.C. V5S 2N1
Phone: (604) 325-1010
Fax: (604) 325-1039

Spare Time Clubhouse

General Wolfe School
4251 Ontario Street
Vancouver, B.C. V5V 3G8
Phone: (604) 875-1818
Fax: (604) 875-1882

Spare Time Connection

David Livingstone School
315 East 23rd Avenue
Vancouver, B.C. V5V 1X6
Phone: (604) 875-1331

Spare Time Treehouse

David Livingstone School
315 East 23rd Avenue
Vancouver, B.C. V5V 1X6
Phone: (604) 875-1331

CHILD CARE FACILITIES REGISTRATION FORM

CHILD'S STARTING DATE:

____/____/____
YY MM DD

SEX:

M ☐ F ☐

DATE OF BIRTH:

____/____/____
YY MM DD

NAME OF CHILD:

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

PARENT(S) / GUARDIAN(S):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

PERSON(S) AUTHORIZED TO PICK UP THE CHILD AND BE CONTACTED IN CASE OF EMERGENCY. THESE PEOPLE SHOULD BE AVAILABLE DURING HOURS OF CARE. (INCLUDE MOTHER / FATHER / GUARDIAN):

** Additional names can be added on page 7*

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

IF APPROPRIATE, LIST AN ENGLISH SPEAKING CONTACT:

Name: _____ Phone: _____

IF THERE IS A CUSTODY AGREEMENT, PLEASE GIVE DETAILS AND ATTACH COPY:

HAS THE CHILD PREVIOUSLY ATTENDED DAYCARE/PRESCHOOL?

YES ☐ NO ☐ Comments: _____

COMMENTS/INSTRUCTIONS TO HELP US CARE FOR YOUR CHILD:

HEALTH INFORMATION

CareCard Personal Health #: _____ Date Effective: ____/____/____
YY MM DD

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Other health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOES YOUR CHILD HAVE: (select yes or no from the dropdown menus)

1. Any extra support needs, special needs, a learning disability, an IEP, or is waiting for an assessment?

If yes, please provide further information: _____

** you may be asked to contact the Centre For Ability to request a supported child care placement within our program, a smaller staff/child ratio is available for a limited number of children*

2. A medical condition/concern?

If yes, please provide further information: _____

3. Allergies?

If yes, please provide further information: _____

4. Asthma?

If yes, please provide further information: _____

5. Has your child had a seizure in the past year?

If yes, please provide further information: _____

6. Does your child require a special diet related to a medical condition?

If yes, please provide further information: _____

7. Food sensitivities?

If yes, please provide further information: _____

IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF REGARDING YOUR CHILD?:

This health information may be made available to the staff of Vancouver Coastal Health.

Information Provided By: _____
Print Name Signature

Information Received By: _____
Print Name Signature

Date of received information: D/M/Y _____

SPARE TIME CHILD CARE SOCIETY PARENT AGREEMENT

I have read the Spare Time Child Care Society Parent Handbook and I agree to the following:

1. If my child will be absent from the centre, I will notify the staff prior to the beginning of the program.
2. I will notify the staff in writing of any change in my child's after school programs, ie. attending extracurricular activities, visiting a friend's house, etc.
3. I will ensure that my child is signed out each day before leaving the centre.
4. I will notify the staff in writing or by telephone of any changes in my child's pick up instructions. I understand that my child will not be released to anyone not listed by me on my child's pick up instruction form.
5. I understand that my child must be nine years of age before being allowed to walk home alone and that my child will not be allowed to walk home alone after dark, regardless of age.
6. I understand that the Spare Time Child Care Society and the staff at the centre are not responsible for my child once my child leaves the centre.
7. I understand that the centre opens at 7:30 am and that neither the Society nor the staff are responsible for my child if he/she arrives at the centre prior to that time. I understand that it is my responsibility to ensure that the centre is open and the staff have arrived before leaving my child there.
8. I understand that the centre closes promptly at 6:00 pm. I agree to ensure that my child is picked up before that time each day. If I am late in picking up my child, I agree to pay the late fee charge as set out in the Handbook. I understand that if I am late more than three times, I may be asked to withdraw my child from the centre.
9. I agree to pay the child care fee as set out in the fees schedule each month, by the 10th day of each month. I understand that a 10% surcharge will be levied on overdue amounts.
10. I understand that I must give the centre notice in writing one month before withdrawing my child from the centre. If I fail to give notice I will forfeit my deposit. No partial months are allowed.
11. I agree to inform the centre in writing if I do not wish my child to participate in a field trip or an activity.
12. I agree to allow the centre to transport my child in any one of their Variety Club vehicles, rental buses, public transportation and occasionally in personal vehicles, providing adequate safety measures have been taken.

13. I agree to not send an ill or contagious child to daycare, and to pick my child up promptly if they become ill during the day.

14. I agree to inform the staff at the centre in writing of any medical concerns or conditions my child may have (ie. allergies, diabetes, special medication, etc). If my child requires any medication I agree to inform the staff in writing as to the dosage and time the medication is given. I understand the staff will only administer medication with a doctor's prescription.

15. I agree to inform the centre staff if my child will be bringing any medications with him/her to the centre. This includes non-prescription medications.

16. In an emergency requiring immediate medical or dental attention, I agree to allow the child care staff to take my child to the nearest medical facility for treatment.

17. I agree to ensure that my child's medical emergency card and all pertinent information regarding my child are kept up to date.

18. I agree to inform the centre staff of any events or changes in my child's life which may affect my child's behaviour at the centre.

19. I understand the centre's guidance and discipline guidelines and agree to support the staff regarding disciplinary decisions made during centre hours.

20. I agree to discuss any concerns regarding my child with the centre supervisor and will attend meetings set up for that purpose.

21. I understand that if I have not fully disclosed information pertaining to any extra support need my child has that does not allow the centre to maintain the legal staff/child ratios set out by the Ministry of Health, or, does not allow the centre staff to ensure the safety and well-being of every child in their care, I will be asked to withdraw my child.

22. I agree to attend the Spare Time Society's Annual General Meeting. I understand that if I am unable to attend I must inform the Society in writing 7 days prior to the meeting.

As a member of the Spare Time Child Care Society, I state herewith that I have read the Parent Handbook and the Parent Agreement, and I agree to comply with the policies contained therein.

I also understand that failure to comply with these policies is grounds for dismissal from the centre.

Signature of Parent/Guardian

Date

Signature of Witness

PHOTOGRAPH & VIDEO RELEASE

I understand that from time to time photographs and videos will be taken of the children in the centre and that these photographs and videos may be used for centre slide shows, videos and presentations, or for various marketing initiatives to promote Spare Time Child Care Society.

(select yes or no from the dropdown menu)

Signature of Parent/Guardian

Date

CONSENT FOR ILL CHILD TO BE TAKEN TO EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE CONTACTED

It is the policy of the Spare Time Child Care Society that the Parent/Guardian is notified when a child is ill or needs medical/dental attention. Occasionally we cannot contact a Parent/Guardian and we need to get immediate help for the child. Our procedure is to take the child to the NEAREST EMERGENCY SERVICE. This form will be taken to the emergency centre with the child.

I HEREBY GIVE CONSENT FOR MY CHILD _____
TO BE TAKEN WHEN ILL OR INJURED, TO THE NEAREST EMERGENCY CENTRE BY THE CARE FACILITY STAFF
WHEN I CANNOT BE CONTACTED.

Date

Signature of Parent/Guardian

Witness

Additional Pick Up Information

Section 57(3) of the Child Care Licensing Regulation requires a licensee (Spare Time) to have **written permission** to release a child to a person other than the parent. Verbal consent over the telephone is not sufficient. If a person picking up your child is not on the **registration form** or **on this pick-up list** please send a letter giving them permission.

The following people have permission to pick up my child, _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

Signature of Parent/Guardian _____ **Date:** _____

CHILD LEAVING THE CENTRE ALONE

I give consent for my child to leave the Centre at (time) _____
each day to walk home on his/her own.

If there should be an exception to this instruction, I will send written information with my child.

Signature of Parent/Guardian

Date

INTERMITTENT SUPERVISION FORM

(Age Group 10-12)

One of the goals of the Spare Time Centres is to design programs that meet the needs of each of our age groups. We believe that as children grow older they should be given all possible opportunities to exhibit more responsible behaviour and independence of action.

- ★ One of our age groups – Leaders/Loungers – can benefit and develop by being allowed to organize and participate in certain activities with “Intermittent Supervision”.

Activities carried out with “Intermittent Supervision” are controlled but not with our otherwise constant visual checking. Rather, participants are checked at carefully timed intervals by a staff person, allowing them room for development of this responsibility and independence of action.

Intermittent Supervision activities could include:

- ★ A pair of Leaders/Loungers wanting to play on the basketball court by signing out on an out-door list and having a Staff person check on the progress of their game every 10-15 minutes
- ★ A group of Leaders/Loungers wanting to play floor hockey in the gym by signing out on an gym list and having a Staff person check on the progress of their game every 10-15 minutes

Your child _____ is in the Leader/Lounger Group and in order that he/she might participate in activities such as those described above **WE REQUIRE YOUR PERMISSION FOR INSURANCE PURPOSES.**

☐ **YES** I will permit my child to participate in activities with “Intermittent Supervision”

☐ **NO** I wish my child to be supervised at all times

☐ **NEED MORE INFORMATION**

Signature of Parent/Guardian

Date

CHILD CARE

CCFL3, Rev 04-2009

EMERGENCY CONSENT FORM

CHILD'S NAME: _____ / _____ BIRTHDATE: _____ / _____ / _____
SURNAME FIRST NAME(S) YEAR MONTH DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

CARE CARD NUMBER _____

CONSENT

- 1) It is the policy of this facility 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.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

DATE

SIGNATURE OF PARENT / GUARDIAN

CCFL3, Rev 04-2009

WITNESS

Provided by VCH – Community Care Facilities Licensing

Notes & Comments:

Please complete and return this form to your childcare facility

Dear Parent/ Guardian:

All childcare facilities in BC are required by law under the *Community Care and Assisted Living Act* to keep a record of each child's immunization history. These records are required to be made available to Vancouver Coastal Health Authority (VCH) medical health officers for public health programs. The information you provide on this form will be used to update your child's health record at VCH in order that: medical health officers may respond if a disease outbreak occurs in your childcare facility; public health staff can recommend immunizations which your child may be missing; and VCH is able to provide better care to your child as part of its public health programs.

PART A: CHILD AND FAMILY INFORMATION

******* Please print clearly *******

Childcare facility _____

Child's name _____
Surname Given Name Preferred Name

Sex ☐ M ☐ F Birthdate Place of birth _____
circle dd mm yyyy City Province Country

Child's personal health number (BC Care Card)

Home address _____ Postal code _____ Home phone _____

Father's name _____ Daytime phone _____
Surname Given Name

Mother's name _____ Daytime phone _____
Surname Given Name

Guardian's name _____ Daytime phone _____
Surname Given Name

Health care provider's name _____ Health care provider phone _____

PART B: CHILD'S VACCINATION INFORMATION

1. Has your child had chickenpox disease at 12 months of age or older?

select the correct answer

Children who have not had chickenpox disease at 12 months of age or older need chickenpox (Varicella) vaccine.

2. ATTACH A PHOTOCOPY of your child's vaccination record to this form.

For example: BC Child Health Passport OR immunization record. Attach a copy of the original record as it appears in English or any language. Translations not required. Ensure your child's name and date of birth are written on each page.

**THIS IS AN IMPORTANT NOTICE.
PLEASE HAVE SOMEONE TRANSLATE IT.**

AMHARIC (Ethiopia)	ይህ ጠቃሚ ግንባታውን ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት።
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်ခိုင်းပါ။
CHINESE	這是一份重要通告，請找人為您翻譯。
CROATIAN	OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
FRENCH	CECI EST UN AVIS IMPORTANT. PRIERE DE LE FAIRE TRADUIRE.
HINDI	यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
ITALIAN	QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA QUALCUNO.
KHMER (Cambodia)	នេះគឺជាសេចក្តីប្រកាសដ៏សំខាន់មួយ សូមអ្នកអង្គុយអានបន្តិចសិន ។
KOREAN	중요한 안내사항입니다. 번역을 할 수 있는 분에게 도움을 청하시기 바랍니다.
PERSIAN (Iran)	این یک اطلاعیه مهم است. لطفا از کسی بخواهید آن را برای شما ترجمه کند.
POLISH	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
PUNJABI	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
SERBIAN	OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
SOMALI	KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.
SPANISH	ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
TAGALOG (Philippines)	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
VIETNAMESE	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỎ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and Protection of Privacy Act. Statistical information may be provided to the Ministry of Health Services for healthcare planning, program evaluation and quality improvement purposes. If you have any questions about the collection and use of this information, contact your local public health nurse or VCH's Information Privacy Office at 604.875.5568 or email us at privacy@vch.ca

For vaccination schedules and more information
Call your local public health nurse or go to www.immunizebc.ca

Community Health Centres in Vancouver Coastal Health

Vancouver					
Evergreen	Raven Song	Robert and Lily Lee Family	Pacific Spirit	South	Three Bridges
3425 Crowley Dr 604.872.2511	2450 Ontario St 604.709.6400	1669 East Broadway 604.675.3980	2110 West 43rd Ave 604.261.6366	6405 Knight St 604.321.6151	1290 Hornby St 604.736.9844
Richmond	North and West Vancouver	Squamish	Whistler	Pemberton	
8100 Granville Ave 604.233.3150	604.983.6700	1140 Hunter Place 604.892.2293 or 1.877.892.2231	202 - 4380 Lorimer Rd 604.932.3202	1403 Portage Road 604.894.6939	
Coastal					
Gibsons	Sechelt	Pender Harbour	Powell River		
494 South Fletcher Rd 604.886.5600	5571 Inlet Ave 604.885.5164	5066 Francis Peninsula Rd 604.883.2764	3rd Floor, 5000 Joyce Ave 604.485.3310		
Central Coast					
Bella Coola: 250.799.5722		Nuxalk: 250.799.5441	Hailika's Heiltsuk Waglisla: 250.957.2308		



SUBMITAL FORM

You are almost done!

The final step is to submit this e-form directly to the centre you are enrolling your child to. Click on the centre's button below and select your preferred email method.

**Sir Charles
Kingsford-Smith
School**

6901 Elliott St
Vancouver, BC
V5S 2N1

T 604 325 1010
F 604 325 1039

Should you have any questions, please contact your centre supervisor.

Thank you for enrolling your child to Spare Time Child Care Society.

Click on the centre's button to submit the registration form:

Spare Time Clubhouse @ General Wolfe School (4251 Ontario Street) click here: ☐

Spare Time Connection @ David Livingstone School (315 23rd Ave East) click here: ☐

Spare Time Challenge Club @ Kingsford-Smith School (6901 Elliott Street) click here: ☐

Spare Time Bobolink @ Oppenheimer School (2421 Scarboro Ave) click here: ☐

Spare Time Treehouse @ David Livingstone School (315 23rd Ave East) click here: ☐