



**The Learning Train**

106 June Avenue

Nanaimo, B.C - V9S4R7

Email: [registration@learningtrain.ca](mailto:registration@learningtrain.ca)

Website: [www.learningtrain.ca](http://www.learningtrain.ca)

Phone: (778)402-6508

**Child Care Registration Form**

(Include A Photo Of Your Child)

By completing this registration form I acknowledge that I have read, understood and I am in agreement with all policies outlined in the Parent Handbook.

Please email completed Registration Form to: [registration@learningtrain.ca](mailto:registration@learningtrain.ca)

**Type of Program Requested:**

Full Time  Part Time  Drop In

**Full Time:**

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

**Part Time:**

Days of the Week Required (please circle): Mon Tues Weds Thurs Fri

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

For Children 0 – 18 months please complete pages 12 and 13 “Getting to Know Your Infant”

**Child Information:**

<b>Surname:</b>	<b>Given Name:</b>	<b>Middle Name:</b>
<b>Gender:</b>		
<b>Date of Birth: YYYY/MM/DD</b>		
<b>Address: (including postal code)</b>		
<b>Home Phone #:</b>		
<b>First Day Of Attendance: YYYY/MM/DD</b>		<b>End Date: YYYY/MM/DD</b>
<b>Name Child Responds To:</b>		
<b>Childs Potty Training Status:</b>		

**Parent/ Guardian**

<b>First Name:</b>		
<b>Last Name:</b>		
<b>Home Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Email Address:</b>		
<b>Place Of Work:</b>	<b>Hours Of Work:</b>	

**Parent/ Guardian**

<b>First Name:</b>		
<b>Last Name:</b>		
<b>Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Email Address:</b>		
<b>Place Of Work:</b>	<b>Hours Of Work:</b>	

**Alternate Person To Call/Pick-Up Child In Case Of Emergency**

<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>

**Persons (Other Than Parent/Guardian And Emergency Contacts) Authorized To Pick Up Child From Facility**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

**Persons Not Permitted To Access Child**

Name:	Phone:
Name:	Phone:

**Are There Custody Orders?**     Yes     No    **\*\* If Yes, Attach Documentation**

**Names Of Other Children Living At Home**

Name:	Date Of Birth    YYYY/MM/DD
Name:	Date Of Birth    YYYY/MM/DD

**Has Your Child Had Previous Experience Away From Home? (Daycare, Preschool, Sunday School, Etc.)**

**If Yes, Explain:**     Yes     No

Where?
Dates of Attendance?

**Do You Think Your Child Feels Comfortable Leaving Parents?**     Yes     No

**Explain:**

--

Do you Authorize The Learning Train Qualified Staff To Administer CPR and First Aid To Your Child?

YES  NO

Does the child have any known health problems or medical disabilities?  YES  NO

If YES, attach documents and complete attached form labelled "MEDICATION RELEASE"

List any communicable diseases the child has had: \_\_\_\_\_

Has he/she had any recent illness?  YES  NO If YES, please explain: \_\_\_\_\_

Any allergies?  YES  NO If YES, please list: \_\_\_\_\_

Also if YES, attach special instructions in the event of an allergic reaction

Child's eating habit (big eater, picky eater, etc) \_\_\_\_\_

Child's favorite foods: \_\_\_\_\_ Child's least favorite foods: \_\_\_\_\_

### School Supplies Required

#### 12 months to 36 months:

- \* Diapers or Pull ups (labeled)
- \* Container of wipes (labeled)
- \* Backpack
- \* Non Scuff Indoor Running Shoes
- \* Water Bottle (labeled)
- \* 3 Bibs
- \* Diaper Ointment
- \* Sunscreen and Bug Spray (labeled in ziploc bag)
- \* Milk Bottles for the day (labeled) complete with formula/milk etc.
- \* Extra Change of Clothes (labeled in ziploc bag)
- \* Insulated Lunch kit – ice pack if req'd

#### 36 month +:

- \* Headphones (labeled in ziploc bag)
- \* Non Scuff Indoor Running Shoes
- \* Water Bottle (labeled)
- \* Insulated Lunch kit – ice pack if req'd
- \* Sunscreen and Bug Spray (labeled in ziploc bag)
- \* Extra Change of Clothes (labeled in ziploc bag)
- \* Backpack

**Basic Schedule and Immunization as Submitted by Parent/Guardian**  
**(Attach Immunization Record or Record the Dates)**

<b>First Visit - 2 months of age: (yyyy/mm/dd)</b>	<b>Fourth Visit - 12 months of age: (yyyy/mm/dd)</b>
<input type="checkbox"/> DiDhtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella~chicken~oxl
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	<b>Fifth Visit 12 months after third visit: (yyyy/mm/dd)</b>
<input type="checkbox"/> Meningococcal C Con.jugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
<b>Second Visit - two months after first visit: (yyyy/mm/dd)</b>	<input type="checkbox"/> Tetanus
<input type="checkbox"/> DiDhtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	<b>4 to 6 years of age: (yyyy/mm/dd)</b>
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
<b>Third Visit two months after second visit: (yyyy/mm/dd)</b>	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	<b>Other Immunizations:</b>
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	

**CONSENT TO MEDICAL TREATMENT**

It is the policy of The Learning Train to first contact parents, or if unable after a reasonable effort to contact the parents, then an alternate contact designated by parents on this form, to authorize medical treatment in the event of an emergency. It is also the policy of The Learning Train to transport children in need of immediate professional medical care by way of ambulance to an appropriate medical facility. Therefore The Learning Train requests that parents sign the following consent to medical treatment for use in an emergency in the event that the child's parent(s), or others designated by the parents, cannot be contacted:

I \_\_\_\_\_, parent/guardian of  
(Parent/Guardian)  
\_\_\_\_\_, born on \_\_\_\_\_, authorize  
(Child's Name) (Child's Birthday)

The Learning Train to secure such medical advice and services in my absence as is deemed necessary for the health and safety of my child. I shall be financially responsible for such advice and services.

BC Health Care #: \_\_\_\_\_

Family Doctor and Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Dated at Nanaimo, BC: \_\_\_\_\_

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

**PHOTOGRAPH RELEASE/PERMISSION**

This is an agreement between The Learning Train and \_\_\_\_\_, of  
(Parent/Guardian)

\_\_\_\_\_.  
(Child[ren] Name[s])

I consent to the use of any photographs in which I or my child(ren) appear, taken by  
The Learning Train.

I CONSENT  I DO NOT CONSENT

I give full copyright and permission to The Learning Train to use photographs in any subsequent  
promotional materials such as newsletter, web pages and brochures etc.

\_\_\_\_\_  
(Signature of person/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)



**MEDICATION RELEASE**

WHEREAS \_\_\_\_\_ is registered at The Learning Train;  
(Child's Name)

and suffers from \_\_\_\_\_;  
(Type of Illness/Allergy/Condition)

AND WHEREAS \_\_\_\_\_'s condition can be treated in an  
(Child's Name)

emergency by the administration of the medication known as

\_\_\_\_\_  
(Type of Medication)

I \_\_\_\_\_ the parent(s)/legal guardian(s) of  
(Parent/Guardian)

\_\_\_\_\_, have requested  
(Child's Name)

the assistance of The Learning Train staff and/or volunteers in the administration of medication in  
emergency circumstances to \_\_\_\_\_;  
(Child's Name)

NOW THEREFORE, in consideration of The Learning Train staff and/or volunteers  
assisting us in the matter, we the parent(s)/legal guardian(s) release The Learning Train  
, its servants, employees and agents from and against all claims, suits, demands and  
actions whatsoever taken now or in the future which may arise by reason of the administration

of the required medication to \_\_\_\_\_.  
(Child's Name)

Dated at Nanaimo, BC: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian)

Witnessed: \_\_\_\_\_  
(Print Name) (Signature)

## AGREEMENT FOR CHILDCARE

This agreement is intended to serve as the child care arrangement between THE LEARNING TRAIN and

\_\_\_\_\_, pertaining to the care of \_\_\_\_\_  
(Parent/Guardian) (child's name(s))

### Fees :

A Registration Fee of \$25.00 per child per year is due upon acceptance. This applies to all enrolment; Full Time, Part Time and Drop In. This amount is to cover cost of various art/craft supplies and other fun activities for the children.

Subsidy Required (Please check if "Yes")

### \*\*Toilet Trained

Full Time – I will pay \$900.00 per month, to be paid on the first of each month.

Part Time (2 days, 3 days max per week) – I will pay \$575.00 per month, to be paid on the first of each month.

### \*\* \*Not Toilet Trained

Full Time - I will pay \$1000.00 per month, to be paid on the first of each month.

Part Time (2 days, 3 days max per week) - I will pay \$625.00 per month, to be paid on the first of each month.

Drop In (Maximum 1 day/week) – I will pay \$55 per day, to be paid each day upon arrival, my child attends.

If my child(ren) does not come to child care for any reason, I understand that I am still responsible for full payment.

**\*\* Toilet trained is defined as follows: Consistently and independently able to use the washroom facility without cues or reminders. The child is able to recognize when he/she needs to use the washroom and is able to do so without having accidents during the day or during nap time.**

**\*\*\*Not toilet trained or in transition is defined as follows: More than two accidents per month, including during quiet/nap time. Require consistent reminders and/or are unable to communicate needing to use the washroom. Diapers and/or pull ups are required.**

**Release, Waiver of Claim and Assumption of Risk**

I waive any claim I may have against The Learning Train, its employees and volunteers arising from my child's participation in The Learning Train and agree to indemnify and save harmless The Learning Train, its employees and volunteers for any claim whatsoever, including any claim for medical services, arising from my child's participation in The Learning Train.

I freely and voluntarily assume any risks and hazards inherent and as a result of my child's participation in The Learning Train.

This Release, Waiver of Claim and Assumption for Risk is binding on myself, my heirs, my executors and administrators, personal representatives and assigns.

I agree to deliver and pick up my child directly to/from The Learning Train and to speak to the care provider when dropping off/picking up my child. I will not let my child go into The Learning Train by themselves or take my child from the yard without speaking to the care provider first. The care provider will release my child only to the persons listed on the registration form, unless alternative written instructions are given.

By signing this enrolment document I, \_\_\_\_\_ have read, understand and agree to all terms listed above as well as all policies outlined in the Parent Handbook.

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent/Guardian)

Signed \_\_\_\_\_  
(Witness)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(The Learning Train)



# The Learning Train

## Getting to Know Your Infant

Please fill out this form for your child ages 0 to 18 months. It will help me get to know your child better.

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

Child's General Mood: Are they mostly Happy, fussy, colicky, etc? \_\_\_\_\_

Is child Bottle or breast-fed? \_\_\_\_\_ If using both, when do you use bottle vs. breast?  
\_\_\_\_\_

How do you give bottle, room temp, warmed, cold? \_\_\_\_\_

If you warm the bottle, what procedure do you use to warm bottle?  
\_\_\_\_\_

Does the child hold his or her own bottle? \_\_\_\_\_

Is child on formula or milk? \_\_\_\_\_ What kind of milk/formula do you use? \_\_\_\_\_

Is child on baby cereal? \_\_\_\_\_

Is child on strained or other baby foods? \_\_\_\_\_

List the varieties you use fruits veggies etc: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_

List amounts of food, types of food and times your child usually eats below:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snack \_\_\_\_\_

Will your child have a bottle or breast fed before arriving? \_\_\_\_\_

Will your child need breakfast? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

Does your child need a special comfort item to sleep with? \_\_\_\_\_.

What is it? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_ If not how often do they wake and what do you do when they wake – feed, rock change etc ? \_\_\_\_\_

When does your child nap morning? \_\_\_\_\_ Afternoon? \_\_\_\_\_

Please list any other important information or special instructions on the care of your child below:


Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_