



REGISTRATION FORM

5330 Monterey Road, Headingley, MB R4H 1J9
 204 895 1147 Brightbeginnings@mymts.net

School Site: 111 Alboro Road <https://www.brightbeginningseducare.com>

Admin:	IN. . T. PS. K. SA	Deposit amount	\$208. \$300	deposit cash/Chq #	Snack	Y	N
Direct Deposit	Y. N	Auto donation	Y. N	Amount	Sunscreen	Y. N	Meals
Invoiced for month, keyfobs, snacks, etc			2nd Name Keyfobs		Key fob	1	2
Proof of Residency	Yes						
Child's Information							
Nick Name		_____	_____	_____	School Attending _____		
Date of Birth		_____		_____	Sex	F	M
		mm/dd/yyyy				GN	
Subsidy Information							
Applied for Subsidy		Yes	No	Comments: _____			
Subsidy #		_____	Subsidy start date		_____		
Program							
Program Type		(Circle)	School Age	Infant	Preschool		
Start Date		_____		Key fob \$12 each	one	two	
		mm/dd/yyyy		non refundable please circle how many you require			
Parent/Guardian Contact - Primary							
First Name		Last Name					
Address				City		Postal Code	
Home Telephone				Comments			
Work Telephone				Comments			
Cell Number				Comments			
E-mail				Send invoices to me		Yes	No
				If no, name and email address of person to invoice			
Occupation Employer Name							
Employer Address							
Days & Hours Worked				Primary Caregiver		YES	NO
Circle all relevant		Emergency Contact		Lives with		Pick up Authority	
		Court order, separation agreement or Restraining Order		YES	NO	(Please provide copy if yes)	

Parent/Guardian Contact			
First Name _____		Last Name _____	
Address _____		City _____	Postal Code _____
Home Telephone _____		Comments _____	
Work Telephone _____		Comments _____	
Cell Number _____		Comments _____	
E-mail _____			
Occupation Employer Name _____		Employer Address _____	
Days & Hours Worked _____		Employer Address _____	
Relationship: Primary Caregiver circle		YES	NO
Circle all relevant	Emergency Contact	Lives with	Pick up Authority
Other Contact			
First Name _____		Last Name _____	
Address _____		City _____	Postal Code _____
Home Telephone _____		Comments _____	
Work Telephone _____		Comments _____	
Cell Number _____		Comments _____	
E-mail _____		Comments _____	
Occupation Employer Name _____		Employer Address _____	
Days & Hours Worked _____		Employer Address _____	
Primary Caregiver	(circle)	YES	NO
Circle all relevant	Emergency Contact	Lives with	Pick up Authority

Other Contact	
First Name _____ Last Name _____	Relationship to child _____
Address _____	City _____ Postal Code _____
Home Telephone _____	Comments _____
Work Telephone _____	Comments _____
Cell Number _____	Comments _____
E-mail _____	Comments _____
Occupation Employer Name _____	Employer Address _____
Days & Hours Worked _____	Employer Address _____
Relationship: Primary Caregiver _____ circle Circle all relevant _____ Emergency Contact _____ Lives with _____	YES _____ NO _____ Pick up Authority _____
Siblings	
Siblings _____ Name _____	School _____ Daycare _____ Home _____ Please circle _____
_____	School _____ Daycare _____ Home _____ Please circle _____
_____	School _____ Daycare _____ Home _____ Please circle _____
Health & Medical Information	
MHSC No. _____ (6 digit)	PHN No. _____ (9 digit)
Allergies/Medical Conditions _____	
Diagnosis Agency _____	A URIS form is required to be filled out for conditions that are life threatening (asthma, epi-pen)
Special Needs Diagnosis _____	
Tested for Senses (circle) _____	Yes _____ No _____
Treatment Details _____	
Other Information _____	

Growth and Development

Eating Habits _____

Food Dislikes _____

Food Likes _____

Languages Spoken _____

Dominant Hand _____

Nap Information _____

Dressing Help Info. _____

Toilet Help Information _____

Favorite Activity _____

Playing Habits _____

Playing Difficulties _____

Friends _____

Previous Care _____

Guidance Method
Other Information _____

Schedule

Enter Schedule, if child is to attend more than one time per day use additional lines

Arrival Time _____

Departure Time _____

Days (circle) M T W TH F

Arrival Time _____

Departure Time _____

Days (circle) M T W TH F

Arrival Time _____

Departure Time _____

Days (circle) M T W TH F

Additional Information

Physician Information		
Physician Name _____	Clinic _____	
Address _____	Telephone _____	
Other Consultant, Physician, Therapist, Dentist		
Physician Name _____	Clinic _____	
Address _____	Telephone _____	
Field of Expertise _____		
Other Consultant, Physician, Therapist, Dentist		
Physician Name _____	Clinic _____	
Address _____	Telephone _____	
Field of Expertise _____		
Schedule		
Enter Schedule, if child is to attend more than one time per day use additional lines		
Arrival Time _____	Departure Time _____	Days (circle) M T W TH F
Arrival Time _____	Departure Time _____	Days (circle) M T W TH F
Arrival Time _____	Departure Time _____	Days (circle) M T W TH F
Additional Information		

Consents

Understanding of Policies

I (we) certify that I (we) have read and understand all the conditions, policies and procedures outlined in this parent package. I (we) have had all questions answered for me. (us). I agree to abide by any further policies and/or policy amendments that may be made by the Board of Directors of Bright Beginnings Educare Inc.

Parent Policies and all policies within
Code of Conduct
Security Camera

Fee Schedule as regulated by the Government of Manitoba
Behavior Management

Name/Signature _____ Date _____ E.D. Initial

Communication

Yes No _____
Initial

_____ Date

I give permission to BBE to communicate via phone, email or text regarding BBE related information. Information that will be shared electronically will be in the form of newsletters, memos, invoices or statements. Other examples include information regarding BBE activities, updates of your child, fundraising, promotions, community events that are related to children or BBE. I am aware information on this registration form will be collected on an internal electronic system (Fastoche/QuickBooks) that is utilized throughout all programs including; infants, preschool and school age.

Emergency

Initial Date

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the Facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians as listed in registration forms at the Facility. Any medical costs incurred will be the parent/guardian's responsibility. The daycare will not be responsible for anything that may happen as a result of false information given at the time of enrollment or by any information not updated by the parent or guardian.

Community Trips

Initial Date

I give permission for my child to participate in walks around the community or to visit local playgrounds, community centre or splash pad. Special field trip requests will be sent to you for authorization for any excursions that involve transportation.

Infant/Preschool

Y N Y N

Meal Program

snack lunch

_____ Initial _____ Date

Snack Circle Days M T W TH F All days

Lunch Circle Days M T W TH F All days

I would like my child enrolled in the meal program at Bright Beginnings Educare Infant and Preschool centre. I understand that I will be charged a daily rate of \$3.50 for hot lunch and \$1.00/day for snacks. Meals will be billed to your monthly invoice. Two weeks written notice must be given for the meal cost to be removed for vacation periods or when cancelling the programs.

School Age Meal Program

snack lunch Initial Date

Snack Circle Days M T W TH F All days

**Lunch -In-
service** Circle Days Yes No Will decide each in service

I would like my child enrolled in the meal program at Bright Beginnings Educare School Age program. I understand that I will be charged a daily rate of \$1.00/day for snacks. Lunches will be provided on in-service days at a cost of \$5.00. Meals will be billed to your monthly invoice. Two weeks written notice must be given for the meal cost to be removed for vacation periods or when cancelling the programs.

Tylenol - Under 2 years of age	Type of medication	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
A Doctor's prescription or note will not be required for fever reducing medicine for children under 2 years of age . I consent to give permission for staff to administer.				
Insect Repellent		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I hereby authorize the Facility to apply Insect Repellent on my child during the season when children are at risk from insect Bites. Repellent will only be used when necessary.				
Sunscreen		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I hereby authorize the Facility to apply sunscreen on my child during the season when children are at risk from sunburns. I am aware I will be charged \$10 annually for sunscreen per child.				
Internal Media		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I give permission for pictures to be taken of my child and posted within BBE.				
External Media		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I give permission for members of the media, at the discretion of the Director of the Facility, to take pictures/video and use my child's name in the context of a news item or report.				
Medication		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I give permission to staff to administer prescribed medication for my child (any age). For children attending the infant program I give permission to staff to administer fever reducing medication as needed. Notice will be provided in any event that medication is administered.				
Practicum Student		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I give permission for my child to participate in activities and be observed by students. I am aware my child's identity will be anonymous.				
Withdraw		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
I am aware I must provide the facility 2 weeks notice before withdrawing my child. If I fail to do this I will assume the responsibility of paying 2 weeks of fees and will forfeit my deposit if my account is not paid in full. Once final payment is made, my refundable deposit will be returned if applicable.				
Donations/Fundraisers		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Initial		Date
In lieu of fundraising, I wish to have a donation fee billed on my invoice each month. A tax receipt will be issued at the end of the year.				
\$10		\$20		\$25
CIRCLE		_____		other

Volunteers/Special Guests	<input type="text"/>	<input type="text"/>
	Initial	Date
I am aware that volunteers help out at the centre throughout the year. Volunteers do not count in ratio and are never left alone with children. Special Guests visit the centre and are never left alone with children.		
Video Surveillance	<input type="text"/>	<input type="text"/>
	Initial	Date
I am aware that Bright Beginnings Educare is equipped with 24-hour video surveillance system and security cameras have or may be installed in all classrooms, hallways, kitchen area, outdoor play area, and parking lot and may conduct video surveillance of any portion of its premises at any time, the only exception being private areas such as restrooms or staff room and that video/security cameras will be positioned in appropriate places within and around our preschool or daycare center facility and used in order to help promote the safety and security of people and property. The security system will be at both the Monterey and School Age Site in the Portable only. I have read the security camera policy attached to the parent policies.		
Key Fobs	# of Fobs required	1. 2. 3. <input type="text"/>
Monterey site only	<input type="text"/>	<input type="text"/>
	Initial	Date
The FOB system allows staff and families to enter the building by swiping a small key fob rather than pressing the door buzzer and waiting to gain access to the building. The FOBS are secure and can only access the centre Monday thru Friday and between the hours of 6:45 am – 6:00 p.m, providing the front door is unlocked. Your name will be attached to an individual FOB number and should the FOB be lost or your child no longer attends the Monterey site, the FOB will be de-activated. Key Fobs should not be shared with family members. If a key fob is lost or stolen please contact Lori at 204 299 0564 (call or text) or email brightbeginnings@mymts.net as soon as you are aware the fob is missing. A new fob will be given in replacement for a fee of \$12.00. As always, when entering or exiting the building please be sure you are comfortable with who you are letting into the building. The cost is \$12.00 (non-refundable) for each FOB ordered. There will be a maximum of 3 FOBS per family. Fob expenses will be charged to your account. I have read the above and agree to the terms and conditions set forth in the document.		
Automatic Payment from your account (PAD) for invoices	<input type="text"/>	<input type="text"/>
	Initial	Date
Prior to the amount being withdrawn from your account, you will receive a copy of your invoice that shows the balance that will be withdrawn. (If at any time you need to make changes, please contact the office). Payments can then be automatically withdrawn from your account each month by signing up with Rotessa. Please visit the link below and complete the information. In the \$ amount enter \$1.00 and leave the number of payments blank. BBE will adjust the amount each month. You can choose to have payments withdrawn on the 10 or 17 of the month, or both. If you would like bi-weekly payments enter the information in the notes area and we will create the bi-weekly payment. Once you have entered the information you will receive an email from BBE that your account has been set up. All payments will be withdrawn from your account once you have received the email.		
Visit: https://client.rotessa.com/customer_authorizations?form_url=c71ed9a81f2c9f66		
Court Orders/Separation Agreement	NA	<input type="text"/>
	Initial	Date
I have attached any documents required for BBE so they are aware of pick up schedules or special instructions for my child		

Activities

I understand that BBE at all times will keep my child's safety and best interest a priority and that all regulations will be followed and enhanced ratio will be in place if the activity is such that it is required.

	<input type="text"/>	<input type="text"/>
	Initial	Date
To participate in using hair products in hair such as gel, washout color, hairspray or mousse		
	<input type="text"/>	<input type="text"/>
	Initial	Date
To participate in activities with nail polish on nails; hand or feet		
	<input type="text"/>	<input type="text"/>
	Initial	Date
To participate in face painting activities using professional face painting supplies		
	<input type="text"/>	<input type="text"/>
	Initial	Date
To participate in water play – weather permitting		
	<input type="text"/>	<input type="text"/>
	Initial	Date
To have tattoos or glitter applied to arms, legs, hands,		
	<input type="text"/>	<input type="text"/>
	Initial	Date
To walk around the community and/or explore the neighborhood examples include; playgrounds, community centre (preschool children) Headingley store, library (School Age children) etc		
	<input type="text"/>	<input type="text"/>
	Initial	Date
On occasion to visit th splash pad located in the field across from the daycare in an enhanced ratio.		