

UNBC CHILDCARE SOCIETY REGISTRATION FORM

3333 University Way
Prince George, BC V2N 4Z9
Phone 250 960 5720 Fax 250 960 5256
www.unbc.ca/child-care-centre Email: kelly.thirkettle@unbc.ca

*Please print legibly. Complete one form for every child.
A \$25.00 registration fee is required with each application to be placed on the waiting list.*

Application Date _____ Requested Start Date _____

- Cub's Corner** 18 months – 3 years Monday – Friday 7:50am – 5:15pm
 Porcupine Pals 3 – 5 Years Monday – Friday 7:50am – 5:15pm
 Raven's Nest Preschool 3 – 5 Years
Tuesday + Thursday 9:00am – 11:30am 12:45pm – 3:15pm
Monday, Wednesday + Friday 9:00am – 11:30am 8:15am – 5:00pm

Child Information

Child's Name (first + last)	Name Child Responds To	<input type="checkbox"/> M <input type="checkbox"/> F
Birth Date (d/m/y)	Current Age	

Parent/Guardian 1 Contact Information

Name (first + last)	Home Phone	Cell Phone
Address (include postal code)	Email	
Employer/Occupation	Work Phone	

Parent/Guardian 2 Contact Information

Name (first + last)	Home Phone	Cell Phone
Address (include postal code)	Email	
Employer/Occupation	Work Phone	

I am UNBC Student UNBC Staff UNBC Faculty UNBC Alumni Community

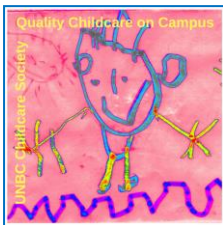
Has your child previously attended in a childcare setting? No

Yes Where _____

FAMILY INFORMATION

Is there a custody agreement No Yes (please attach relevant documentation)

Child lives with Both parents Mother Father Guardian Siblings in the home? No Yes



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Person(s) authorized to pick up child and/or be contacted in case of emergency (in addition to Parent(s)/Guardian(s) as stated on page 1). All must be 19 years of age or older and present photo ID.

1. Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ / Cell _____

2. Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ / Cell _____

CHILD HEALTH INFORMATION

BC Care Card Number _____

Family Physician _____

Phone _____

Family Dentist _____

Phone _____

Other Health Professionals Involved With Your Child

Phone _____

Phone _____

Description of Care Needs/Health Care Diagnosis _____

Please indicate and comment on the following health areas and provide any additional special instructions for the provision of care for your child:

Medications Vision Hearing Allergies Speech/Language Other

Explain _____

Is your child immunized against communicable illness? No Yes (attach copy of immunization record)

In Case of Illness or Injury

I hereby give permission for the center staff or their representative to call an ambulance for transportation to the University Hospital of Northern BC if needed. I understand that all costs incurred are the responsibility of the parent /guardian.

Parent/Guardian Signature

Date

Staff Signature

Date

For Office Use Only

Date Received _____ (d/m/y) Staff Initial _____

Approved Yes No Reg. Fee Cash Cheque