



# 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](http://www.unbc.ca/child-care-centre) Email: [kelly.thirkettle@unbc.ca](mailto: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 <input type="checkbox"/> X
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

**2 people authorized to pick up the child and/or be contacted in case of emergency other than parents (parents will always be contacted first). 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

\_\_\_\_\_  
\_\_\_\_\_

**Children need to be up to date with immunizations in order to attend UNBC Childcare. Please attach a copy of immunization records.**

***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

\_\_\_\_\_  
Signature Date Staff

*For Office Use Only*

Date Received \_\_\_\_\_ (d/m/y) Staff Initial \_\_\_\_\_

Approved  Yes  No Reg. Fee  Cash  Cheque