

**Stardom Childcare Registration Form**  
**11435 Bonson Road Pitt Meadows B.C. V3Y2S3**  
**Hours of Operation 6am - 6pm**  
**604.459.STAR (7827)**

**Personal Information**

**Name of child** \_\_\_\_\_  
(Surname) (Given) (Middle)

**Child responds to** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Gender** Male Female (circle)  
(Year) (Month) (Day)

Requested start date \_\_\_\_\_

Actual start date \_\_\_\_\_  
(office to fill out)

Withdrawal Date \_\_\_\_\_  
(office to fill out)

**Address** \_\_\_\_\_  
(street) (City, Province) (postal code)

**Home Phone #** \_\_\_\_\_

**1. Parent/Guardian** \_\_\_\_\_ Place of work \_\_\_\_\_

Occupation \_\_\_\_\_ Hours of work \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail address \_\_\_\_\_

**2. Parent/Guardian** \_\_\_\_\_ Place of work \_\_\_\_\_

Occupation \_\_\_\_\_ Hours of work \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail address \_\_\_\_\_

**Required Care**

**Infant/Toddler (11 months - 3 years)**

Please circle the days a week required.

Monday            Tuesday            Wednesday            Thursday            Friday

**Daycare (3 years - 5 years)**

Please circle the days a week required.

Monday            Tuesday            Wednesday            Thursday            Friday

**School Age Care (5 years - 11years)**

Please circle the days a week required.

Monday            Tuesday            Wednesday            Thursday            Friday

**Name of school your child is or will be attending** \_\_\_\_\_

(please circle if before care, after care or both are required)

**Before School Care**

**After School Care**

**Pre-school (4 years)**

Please circle the program in which you would like your child to enroll.  
(Tues/Thurs) or (Mon/Wed/Fri)

**Program 1**                      Tuesday/Thursday

**Program 2**                      Monday/Wednesday/Friday

**Please e-mail or call Stardom for fees related to programs**  
**stardomchildcare@yahoo.ca**  
**604.459.STAR (7827)**

**Authorization for Pick Up**  
(other than parents listed above)

|           |                   |              |
|-----------|-------------------|--------------|
| Name_____ | Relationship_____ | Phone #_____ |
| Name_____ | Relationship_____ | Phone #_____ |
| Name_____ | Relationship_____ | Phone #_____ |
| Name_____ | Relationship_____ | Phone #_____ |
| Name_____ | Relationship_____ | Phone #_____ |

**Secret Password**\_\_\_\_\_

**(password to be used if necessary)**

**Non-Authorization for Pick Up**

|           |                   |              |
|-----------|-------------------|--------------|
| Name_____ | Relationship_____ | Phone #_____ |
| Name_____ | Relationship_____ | Phone #_____ |

**Custody Agreement**

Does your family currently have a custody order in place?  
Please circle Yes or No. If yes please provide details.

Yes

No

**It is a licensing requirement for any families who have orders to provide them to Stardom to keep on file.** Please indicate if there are specific days/times for pick up/drop off.

Details/comments\_\_\_\_\_

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**Health Information**

Please describe any concerns you may have regarding your child's development.

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Does your child have any of the following exceptionalities:

Please circle Yes or No. If Yes please describe and if there has been an official diagnosis.

Learning Disabilities Yes No Describe \_\_\_\_\_

Developmental Delays Yes No Describe \_\_\_\_\_

Emotional/Behavioral Disorders Yes No Describe \_\_\_\_\_

Communication Disorders Yes No Describe \_\_\_\_\_

Hearing Impairments Yes No Describe \_\_\_\_\_

Visual Impairments Yes No Describe \_\_\_\_\_

Physical Impairments Yes No Describe \_\_\_\_\_

Has your child ever been or is currently involved with any of the following resources:

Please circle Yes or No. If Yes please describe i.e. reason, who, when, length of time, outcome.

SLP (speech & language pathologist) Yes No Describe \_\_\_\_\_

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OT (occupational therapist) Yes No Describe \_\_\_\_\_

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BI (Behavioral interventionist) Yes No Describe \_\_\_\_\_

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Paediatrician Yes No Describe \_\_\_\_\_

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Psychologist Yes No Describe \_\_\_\_\_

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Therapist Yes No Describe \_\_\_\_\_

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Other Yes No Describe \_\_\_\_\_

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Has your child ever been or is currently a part of The Infant Development Program or The Supported Development Program from the Ridge Meadows Association of Community Living? Please circle Yes or No. If Yes please describe i.e reason, who, when, length of time, outcome.

Infant Development Program Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

Supported Development Program Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

**Stardom is a NUT free facility**

Does your child have any dietary restrictions?  
Please circle Yes or No. If Yes describe condition.

Allergy Yes No Describe \_\_\_\_\_

Intolerance Yes No Describe \_\_\_\_\_

Celiac Yes No Describe \_\_\_\_\_

Crohn's Disease Yes No Describe \_\_\_\_\_

Other Yes No Describe \_\_\_\_\_

Does your child currently take any medications? Reason?

Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

Has your child had an illness, injury or operation we should be aware of?  
Please circle Yes or No. If Yes please describe condition.

Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been involved in a traumatic event that we should be aware of?  
Please circle Yes or No. If Yes please describe.

Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained?

Please circle Yes or No. List any concerns you may have in regards to training.

Yes No Concerns \_\_\_\_\_  
\_\_\_\_\_

Does your child use a bottle, sippy cup or soother?

Please circle Yes or No. If Yes please describe.

Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

Does your child have any specific eating instructions?

Please circle Yes or No. If yes please list instructions.

Yes No Instructions \_\_\_\_\_  
\_\_\_\_\_

Does your child nap?

Please circle Yes or No. Please list any specific sleep time instructions.

Yes No Instructions \_\_\_\_\_  
\_\_\_\_\_

Does your child have any specific care instructions for any of the following listed above?

Please circle Yes or No. If Yes please describe.

Yes No Describe \_\_\_\_\_  
\_\_\_\_\_

**Consent for Emergency Care**

**Care Card Number** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Family Dentist** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I authorize staff at Stardom Childcare to call a medical practitioner or ambulance in case of accident or illness of my child, if the parent cannot immediately be reached.

Signature of Parent/Guardian \_\_\_\_\_ Date signed \_\_\_\_\_

**Immunization Status**

Is your child up to date with their immunizations?

Please circle Yes or No.

Yes

No

Not Immunized

**Please provide a photocopy of your child's birth certificate and immunizations records. When your child receives additional immunizations, please provide them for your child's file.**

Comments/Concerns \_\_\_\_\_  
\_\_\_\_\_

**Photograph Consent**

Please indicate if you are willing to allow Stardom to take photographs for the facility, scrapbooks, photo wall, project and our GroupMe app. Stardom will not post any photos of children via online, social media or in the community (Pitt Days, Christmas in Pitt Meadows) without consent.

Please circle Yes or No.

Yes

No

Photos are required by licensing for our Emergency consent cards in 1st aid bags and files.

Comments/Concerns \_\_\_\_\_  
\_\_\_\_\_

**Family and General Household Information**

Primary language spoken at home \_\_\_\_\_

Other languages spoken at home \_\_\_\_\_

Please list the names of significant people or pets in your child's life (siblings, Grandparents, Aunts, Uncles, pets, etc.)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

By signing this registration form, I confirm that it's completed to the best of my ability. Staff will be notified of any updates that are required on the forms. I also confirm I have read and understand the policies for Stardom Childcare. I understand they are available online to read at anytime and they are continuously updated.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner/Manager of the facility \_\_\_\_\_ Date \_\_\_\_\_



### **Emergency Kit Check List**

Every child is required to have an emergency kit at Stardom. Please ensure your child has their kit handed in on their first day of care.

All kits are to be in large or extra large labelled zip-lock bags.

Please provide the following items:

- 1 small flashlight with extra batteries
- 1 survival blanket
- 1 warm hat
- 1 pair of socks
- 1 diaper, pull up or pair of underwear
- 1-2 small toys
- 1 family picture
- 2-3 snacks (nut free)
- 1 bottle of water
- 1 small pack of tissues
- letter to your child (optional)
- school age feminine products if needed

### **Daily Supplies Check List**

All children are required supplies to be kept at Stardom. Please ensure your child has the following supplies to be kept in their cubbies or lockers:

- 1 pair of inside shoes
- 1 spare pants (2-3 for Infant/Toddler program)
- 1 spare shirt (2-3 for Infant/Toddler program)
- 1 pair of socks (2-3 for Infant/Toddler program)
- 1 pair of underwear, (several pull ups, diapers & wipes for I/T program or potty training children)
- water bottle/sippy cup
- muddy buddies (weather permitting)
- sunscreen (weather permitting & given to teachers)
- mask
- blanket (for napping)
- soother (I/T program)
- daily medication if required (i.e. epi-pen, puffer, etc.)
- school age feminine products if required

Nap time blankets are washed at Stardom weekly. Please be sure to label all of your child(ren)'s belongings.

**Emergency Consent Card for Stardom Childcare Ltd.**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
(Last) (First) day/month/year

**Address:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Emerg. Contact 1:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Emerg. Contact 2:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Care Card #** \_\_\_\_\_