

## Registration Form

Name of child ----- Name child responds to ----- Gender -----

Birth Date ----- Enrollment Date ----- (End Date) -----

Address / Zip Code-----

Mother's Full Name ----- Home phone -----

Mom's Cell phone ----- Mom's Work phone-----

Father's Full Name----- Home phone-----

Dad's Cell phone ----- Dad's Work phone -----

E-mail ----- Person(s) whom the child lives with----- Language spoken at home-----

Doctor's name ----- Doctor's Phone -----

Care Card Number -----

Allergies/reaction / treatment -----

illnesses or medical conditions / symptoms / treatment-----

### Emergency contacts, other than parent/guardian

Name	Relationship with child	Home / Work Phone

### People are authorized to pick up a child from the childcare facility

Name	Relationship with child	Home / Work Phone

If there is a custody agreement, please give details: *Note: A copy of the custody order must be left with the facility manager.*

**Social Information**

Names and birthdates of other children living at home

Names	Birthdates

Has child previously attended daycare / preschool?                      Yes / No

Name of Facility \_\_\_\_\_

**Health / Nutrition Information**

Has vision problems    Yes    No

Has hearing problem    Yes    No

Has speech / language problems    Yes    No

Takes medication    Yes    No

Requires a special diet    Yes    No

Has food dislikes    Yes    No

Has other health concerns    Yes    No

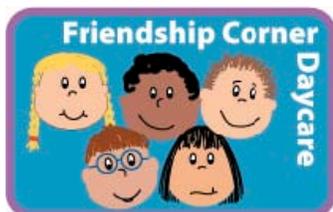
Please specify and comment on any above item marked "Yes".

Additional comments (if any):

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

Name \_\_\_\_\_

Date \_\_\_\_\_



**FRIENDSHIP CORNER DAYCARE**  
2950 Dewdney Trunk Road,  
Coquitlam, BC V3C 2J4

## DAYCARE CONTRACT

The undersigned hereby acknowledges the reservation of their child for enrollment in Friendship Corner Daycare for the 2025–2026 academic year. With a starting date of \_\_\_\_\_, and agree to abide by all the rules and regulations, both existing and amended, and further agree to comply with the following conditions:

1. \_\_\_\_\_ Days a week                      **Monthly Fee: \$\_\_\_\_\_**
  
2. A \$60.00 non-refundable registration fee must be provided. Also, you will need to include \$40.00 for your child's Earthquake Comfort Kit and \$200 deposit. The total required is \$300.00. The kit will be returned to the parents upon the child's withdrawal from daycare on his/her last day.
  
3. We require a 45-day notice if you choose to terminate this agreement and withdraw your child. If proper notice is not given, the fee for that month will be charged.
  
4. As we mentioned, we require a \$200.00 deposit, which will be returned on the last day of the month on which the child is leaving, upon the proper notice given for withdrawal.
  
5. Please return to Friendship Corner Daycare:
  - Application Form**
  - School Contract**
  - \$60.00 non-refundable registration fee**
  - \$40.00 for the Earthquake Kit and a family picture**
  - \$200.00 Deposit (date of Registration)**
  - Emergency Consent Form (with a small picture)**
  - Immunization records**

The money you can E-transfer to: [friendship.care@live.ca](mailto:friendship.care@live.ca)

\*\$200.00 deposit paid by \_\_\_\_\_ and received by \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

I declare that the statements and representations made in the contract and other forms as specified in Section 5 are to the best of my knowledge true, complete and correct.

\_\_\_\_\_  
Friendship Corner Daycare                      Parent or Guardian                      Date

***A copy of this contract will be returned to you for your records.***





I/We, \_\_\_\_\_ / \_\_\_\_\_, hereby confirm that I/we have read the Friendship Corner Daycare Society Policy And Procedure Manual and fully understand it. I/ We promise to abide by the rules outlined in the Manual.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT TO PHOTOGRAPHY

I permit my child, \_\_\_\_\_'s photo to be taken during the regular daily course of events and any special occasions while he/she attends Friendship Corner Daycare.

These photos will be used in the classroom or the cloakroom on our bulletin boards. They will not be published or sold.

PARENT'S NAME (printed): \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

