



**841062 YUKON INC. o/a  
SHINING STARS DAYCARE &  
SHINING STARS PRESCHOOL PROGRAM**

38 B,G Lewes Blvd., Whitehorse, YT, Y1A 5B4  
(867) 335-7896, (867) 335-7895  
yukonshiningstars@gmail.com

## AGREEMENT FORM

|   |   |
|---|---|
| Child's Name:                                   |   |
| Parent (Guardian) Name:                         |   |
| Desired start date:                             |   |
| Type of Age Group:                              | <input type="radio"/> Infant [8-18 months] <input type="radio"/> Toddler [18-36 months]<br><input type="radio"/> Preschool [3-5 Years] <input type="radio"/> After-school [5+ years]* |
| Type of Enrollment:                             | <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Drop In^  |
| Part-time Days:<br>[check up to three days]     | <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri                                      |
| ^Indicate days of care if enrolled for drop-in: | <b>Start Date:</b> <input type="text"/> <b>End Date:</b> <input type="text"/>   |
| Program Name:                                   |   |
| Child care Fees:                                |   |

|                      |                                    |  |
|----------------------|------------------------------------|--|
| * After-school Info: | <input type="radio"/> Kindergarten | <input type="radio"/> School-Age<br><b>Grade:</b> <input type="text"/> |
| * School:            |                                    |  |

I/We (the undersigned) have read the parent handbook for Shining Stars and understand all the information, policies and procedures outlined in the handbook. We (the undersigned) have also received a copy of these policies and procedures for our own records and reference.

By signing this agreement, we consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures. By signing this agreement, we acknowledge that the information supplied in the registration form regarding our child(ren) and the information supplied below is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Parent/Guardian's Signature  
(Sign later on first day at the center)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Operator's Signature

\_\_\_\_\_  
Date

## CHILD INFORMATION RECORD

|                |                     |                  |                |                         |
|----------------|---------------------|------------------|----------------|-------------------------|
| Name of Child: |                     |                  | Date of Birth: |                         |
|                | <i>(First Name)</i> | <i>(Surname)</i> |                | <i>(Year/Month/Day)</i> |
| Nick Name:     |                     | Gender:          | Primary Phone: |                         |
| Home Address:  |                     |                  |                |                         |

### Parents/Guardians information:

|   |  |               |        |
|---|--|---------------|--------|
| 1 <sup>st</sup> Parent/Guardian's Name: |  | Relationship: |        |
| Home Address:                           |  |               |        |
| Employer/Address:                       |  | Occupation:   |        |
| Phone (Home):                           |  | (Work):       | Email: |

|   |  |               |        |
|---|--|---------------|--------|
| 2 <sup>nd</sup> Parent/Guardian's Name: |  | Relationship: |        |
| Home Address:                           |  |               |        |
| Employer/Address:                       |  | Occupation:   |        |
| Phone (Home):                           |  | (Work):       | Email: |

### Emergency Contacts Information:

|  |  |
|--|--|
| Which Guardian should be called first? |  |
|--|--|

### \*Additional Person(s) for Pickup and Emergency Contacts: *(at least one)*

|       |  |               |  |        |  |
|-------|--|---------------|--|--------|--|
| Name: |  | Relationship: |  | Phone: |  |
| Name: |  | Relationship: |  | Phone: |  |
| Name: |  | Relationship: |  | Phone: |  |
| Name: |  | Relationship: |  | Phone: |  |
| Name: |  | Relationship: |  | Phone: |  |

|   |
|---|
| <b>Additional Comments and Information:</b> |
|   |

I confirm the accuracy of all information provided in this registration form to the best of my knowledge and belief. Any discrepancies will be promptly addressed if discovered.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## MEDICAL INFORMATION

|                |  |                     |  |
|----------------|--|---------------------|--|
| Name of Child: |  | Health Care Number: |  |
|----------------|--|---------------------|--|

|                     |  |        |  |
|---------------------|--|--------|--|
| Family Doctor Name: |  | Phone: |  |
| Clinic/Address:     |  |        |  |

|  |   |   |
|--|---|---|
| Immunization status of child:  | <input type="radio"/> <b>Up to Date (Immunized)</b> | <input type="radio"/> <b>Not Up to Date</b> |
| Does your child have any allergies or medical conditions?<br>Please explain: |   |   |
| Any special medication considerations (drug reactions, special diets, etc.)? |   |   |
| Past illnesses, injuries and/or behavior problems you might be aware of:     |   |   |

### Additional child related information:

|  |  |
|--|--|
| What type of positive guidance have you found most effective for your child?               |  |
| Anything else that might be helpful for us to know?  |  |
| Any Family situations that we should be aware of?  |  |
| Has your child been in childcare before? If Yes, what were there successes and challenges? |  |
| Is your child potty trained?   |  |
| Additional Comments:   |  |

|                         |  |
|-------------------------|--|
| Name of Child:          |  |
| Parent/Guardian's Name: |  |

## PARENTAL CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the childcare staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand this may involve calling a physician or nurse, carrying out the instructions given and/or transporting my child to a hospital or nursing station, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## PERMISSION TO PHOTOGRAPH

I hereby grant permission for Shining Stars and staff to photograph my Child, for the following purposes:

|  |
|--|
| 1. Sharing photos with parents through the centre's app, printing photos for scrapbooks or birthday celebrations, and displaying photos within the centre for documentation purposes |
| <input type="radio"/> Grant <input type="radio"/> Decline  |

|   |
|---|
| 2. Use on the centre's official social media platforms    |
| <input type="radio"/> Grant <input type="radio"/> Decline |

|  |
|--|
| 3. I would not like my child to be photographed at all. <input type="checkbox"/> |
|--|

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# GENERAL OUTDOOR PLAY PERMISSION FORM

|                         |  |
|-------------------------|--|
| Name of Child:          |  |
| Parent/Guardian's Name: |  |

I hereby grant permission for Shining Stars and staff to take my Child for short trips and other outings to any of the destinations listed below as part of the program. This includes transportation on foot or by the center's van.

### All Ages

- Shining Stars Playground across the Klondike Rd.
- Peel & Morley Park at Morley Rd. & Peel St.
- Alsek Park (Tagish-Tatchun Park) at Alsek Rd off Lewes Blvd.
- Alsek/Blanchard Park at Blanchard Rd.
- Rotary Water Park at 2nd Ave & Robert Service Way
- Ball Pit Play Area
- Vanier Soccer Field
- Selkirk Soccer Field
- Local Hiking Trails
- Bell Crescent Park
- Fish Ladder

### Kindergarten/School-age children

- Grey Mountain Primary School at the end of Lewes Blvd.
- Christ the King School at 20 Nisutlin Dr.
- Selkirk School at 5 Selkirk St.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## EMERGENCY INFORMATION FORM (For First Aid File)

|                |                     |                  |                |                         |
|----------------|---------------------|------------------|----------------|-------------------------|
| Name of Child: |                     |                  | Date of Birth: |                         |
|                | <i>(First Name)</i> | <i>(Surname)</i> |                | <i>(Year/Month/Day)</i> |
| Address:       |                     |                  |                |                         |

### Parents/Guardians information:

|                                |  |             |  |
|--------------------------------|--|-------------|--|
| 1 <sup>st</sup> Parent's Name: |  | Home Phone: |  |
| Cell Phone:                    |  | Work Phone: |  |
| 2 <sup>nd</sup> Parent's Name: |  | Home Phone: |  |
| Cell Phone:                    |  | Work Phone: |  |
| Emergency Contact Person:      |  | Phone:      |  |
| Child's Doctor:                |  | Phone:      |  |
| Health Care Number:            |  |             |  |
| Allergies or Past illness:     |  |             |  |
| Medications:                   |  |             |  |

If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the childcare staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand this may involve calling a physician or nurse, carrying out the instructions given and/or transporting my child to a hospital or nursing station, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date