



Okanagan College Childcare Centre
Waiting List Application and Registration Form
Infant/Toddler Program 8 Weeks–36 Months
Full Time Care Available only



Application Date _____ Requested Start Date _____

ABOUT YOUR CHILD

Child's Name _____ Birthdate _____ Gender ____/____
 Day Month Year Male/Female

Parent/Guardian Name _____

Address _____
 Number & Street City Province Postal Code

Home Phone/Cell# _____ Email _____

Place of Employment/Occupation: _____ Work Phone# _____

Parent/Guardian Name _____

Address _____
 Number & Street City Province Postal Code

Home Phone/Cell# _____ Email _____

Place of Employment/Occupation: _____ Work Phone# _____

Has your child previously attended a group childcare setting: Yes _____ No _____

If yes, where? _____

Health Information

BC Care Card # _____

Family Physician _____ Phone _____

Other Health Professionals Involved with your Child _____ Phone _____
 _____ Phone _____

Please indicate if your child has had any of the following childhood illnesses:

Chickpox _____ Measles (Red) _____ Mumps _____ Measles (German) _____

Is your child's immunization up to date? Yes _____ No _____

A photocopy of your child's immunization record MUST be attached to this form.

Has your child had any toilet training? Not at all _____ Partially _____ Completely _____

Does your child have allergies (food, drugs, animals, bees, etc) If yes, provide details below:

Is medication required for allergies? If yes, provide name of medication and details below:

Provide additional information about your child regarding any serious illness, injuries or medication required:

Does your child have support needs (ie speech, vision, hearing, behavioral, other)? If yes, provide details below:

Please provide any additional information to assist the staff to better understand your child's needs.

Family Information

Adults at Home _____ Relationship _____

Siblings: Names and Birthdates _____

Do you have a child currently attending the Okanagan College Childcare Centre? Yes _____ No _____

If yes, Sibling Name _____ Birthdate _____
Day Month Year

Are you submitting an additional registration for one or more of your child's siblings? Yes _____ No _____

If yes, Sibling Name _____ Birthdate _____
Day Month Year

Person(s) authorized to pick up child and/or be contacted in case of emergency (including Parent(s)/ Guardian(s) as stated above (in order of priority):

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell _____

Note: If there is a custody agreement, please provide details and attach a copy of the relevant court order or separation agreement::

ABOUT YOU

Eligibility and Priority

I understand that priority will be given to children of full time Okanagan College students, faculty and staff, (in no particular order) followed by part-time students, faculty and staff. Applications from individuals who are not affiliated with the College will only be considered if spaces remain vacant after students, faculty and staff have been met.

Priority 1:

Is one parent a full time Okanagan College Student? Yes _____ No _____ Student Number _____
Students must include a copy of your registration

Is one parent a full time Okanagan College Employee? Yes _____ No _____ Employee Number _____
Place of Employment (Department) _____ Hours of Work/Week _____

Priority 2:

Is one parent a part time Okanagan College Student? Yes _____ No _____ Student Number _____
Students must include a copy of your registration

Is one parent a part time Okanagan College Employee? Yes _____ No _____ Employee Number _____
Place of Employment (Department) _____ Hours of Work/Week _____

Priority 3:

I am a member of the community with no affiliation with Okanagan College. Yes _____ No _____

In Case of Illness or Injury

I hereby give permission for the staff of the Okanagan College Childcare Centre or their representative to call an ambulance for transportation of my child to the Kelowna General Hospital if needed. I understand that all costs incurred are the responsibility of the parent/guardian.

SIGNED: Parent(s) or Guardian _____ Date _____
_____ Date _____

Permission for Journeys

I hereby give my consent for my child to participate in the trips of the Okanagan College Childcare Centre. I fully understand that every precaution and safety measure will be adhered to by the staff and I waive any liability to the Okanagan College Childcare Centre, Okanagan College and the YMCA-YWCA of the Central Okanagan.

SIGNED: Parent(s) or Guardian _____ Date _____
_____ Date _____

Picture Permission

I hereby give my consent for my child's picture to be taken for publicity purposes ONLY (eg a newspaper picture to accompany an article or a YMCA-YWCA/Okanagan College website or brochure).

SIGNED: Parent(s) or Guardian _____ Date _____
_____ Date _____

Office Use Only

Date of Registration Receipt _____ Waitlist Priority _____

Date of Enrollment _____ Age of Child at Enrolment _____ months

Date of expected transfer to next age group _____ Transfer Date _____

Sibling Name _____ Age _____ Enrollment Status if applicable _____

Sibling Name _____ Age _____ Enrollment Status if applicable _____