



BCITSA Childcare Centre Enrollment Form

Please fill in ALL of the information

Child's Information

First Name	Last Name	Birth Date (YYYY-MM-DD)

Gender	Care Card #	Requested Entry Date
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X		

Address (City & Postal Code)	Phone Number	Languages Spoken

Parent/Guardian Information (1):

First Name	Last Name	Relationship to the Child

Are you:	BCIT ID # or Student ID #	Email Address
<input type="checkbox"/> Student <input type="checkbox"/> Staff		

Address (City & Postal Code)	Phone Number	Mobile Number

Parent/Guardian Information (2):

First Name	Last Name	Relationship to the Child

Are you:	BCIT ID # or Student ID #	Email Address
<input type="checkbox"/> Student <input type="checkbox"/> Staff		

Address (City & Postal Code)	Phone Number	Mobile Number

Is There Any Person who is **NOT** permitted to pick up your child?

Has the Child Previously Attended Daycare or Preschool

Yes No Facility Name:

Reason for leaving previous/current daycare?

Health & Nutrition

Words your child uses for toileting:

Illness(es) your child has had:

Does your child...?	Have vision problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have speech/language problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Require a special diet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have food dislikes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have other health concerns	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have hearing problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Specify & comment on items ticked off

My child is receiving/requires extra support from:

- Infant Development
- Supported child development program
- Speech and language pathologist
- Other

Immunization - Tick boxes of those included; Please attach immunization records

Diphtheria, Pertussis, & Tetanus (DPT)	Meningitis	Polio	Measles, Mumps, Rubella (MMR)
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

Doctor's Contact Information

Name	Phone Number	Address (City & Postal Code)

Is There Any Information That Would be Helpful to our Management and/or Teaching Staff?

_____	_____
Parent/Guardian Name	Signature
_____	_____
Parent/Guardian Name	Signature

Important Information

The BCIT Student Association (BCITSA) prioritizes BCIT Students, Staff and Faculty for childcare spaces. It is the guardian's responsibility to inform the BCITSA Childcare Services of any changes to their status with the institution. If care is offered based on false information the contract may be terminated. Childcare expenses can be included among the allowable costs claimed on applications for government student loans and BCIT/BCITSA bursaries.