



Doodle Bug Learning Center

Registration Package

Items Required	Please check when complete
Registration Form completed with all signatures	
Immunization Records photocopied or form completed WITH DATES	
Three (3) Current photos of your child	
Consent page signed from Family Handbook	
Non- Refundable Registration Fee of \$200 Paid	
Three (3) Emergency Cards completed	
Care Plan attached (if required)	
Copy of Custody Paper (if required)	
Post – Dated Cheques	



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Start Date: _____ Days Attending: M / T / W / T / F

End Date: _____ Date of Birth: _____

Full Days: _____ Half Days: _____ Monthly Rate: _____

Childs Name: _____ Childs Gender: _____

Childs Address: _____

Persons child lives with: _____

B.C Care Number: _____

Allergies: _____

Medications: _____

Immunization Records: _____

Childs Doctor: _____ Phone Number: _____

Childs Dentist: _____ Phone Number: _____

Parent Contact Info

Name: _____

Phone #:(_____) Phone#:(_____)

Email: _____

Home Address: _____

Work: _____

Work #:(_____) Work #:(_____)

Work Address: _____



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Parent Contact Info

Name: _____

Phone #:() _____ Phone#:() _____

Email: _____

Home Address: _____

Work: _____

Work #:() _____ Work #:() _____

Work Address: _____

Emergency contact

Name: _____ Phone #:() _____

Relationship to child: _____

Home Address: _____

Name: _____ Phone #:() _____

Relationship to child: _____

Home Address: _____

Name: _____ Phone #:() _____

Relationship to child: _____

Home Address: _____

Name: _____ Phone #:() _____

Relationship to child: _____

Home Address: _____



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Persons Authorized To Pick up your Child (with Photo ID)

Name: _____ Phone #:(____) _____

Relationship to child: _____

Name: _____ Phone #:(____) _____

Relationship to child: _____

Name: _____ Phone #:(____) _____

Relationship to child: _____

Name: _____ Phone #:(____) _____

Relationship to child: _____

Persons NOT Permitted Access to Your Child

For the safety and well-being of your child, it is essential that we are informed of any individuals who are not permitted access to your child while in our care. Please list their names below.

If a biological parent is not permitted access, **please provide a copy of the custody agreement or legal documentation to support this claim.**

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____



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Does your child have and health conditions that we should be aware of?

Condition: _____

Allergies: _____

Severity of reaction: _____

Does your child use and epi-pen or inhaler? _____

****If YES attach Doctor note and fill out a Medication form****

Diet: _____

Hearing: _____

Medication: _____

****If YES attach Doctor note and fill out a Medication form****

Speech: _____

Vision: _____

Other: _____

Has your child had previous experience away form home of in a group setting? _____

Name and ages of siblings: _____

Additional Information to Help Us Support Your Child

We want to ensure your child feels comfortable, supported, and happy in their new daycare experience. Please share any information that will help us better understand and care for your child. This might include concerns about their development (e.g., behavior, speech, etc.), details about your home situation, religious or cultural observances, separation anxiety, or any other relevant factors.

Please know that all information about your child and family is treated with the utmost confidentiality at Doodle Bug Learning Center.

Created: September 2016

Revised: January 2025



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Enrollment Information

I agree to promptly update any necessary enrollment information upon changes and understand that it is my responsibility, as the parent or guardian, to inform the staff or manager of Doodle Bug Learning Center of any updates or changes to this form.

I acknowledge that Doodle Bug Learning Center will not be held liable for any information that is withheld, omitted, or outdated.

Transportation Consent

I, _____, hereby grant permission to Jessica Pirttikoski and the staff of Doodle Bug Learning Center to transport my child, _____, to and from daycare and on outings in her vehicle.

I understand that Jessica Pirttikoski, the staff, or volunteers of Doodle Bug Learning Center will ensure proper restraints are used at all times and that the vehicle is adequately insured.

I agree that neither Jessica Pirttikoski, the staff, nor volunteers of Doodle Bug Learning Center will be held responsible in the event of an accident, injury, or illness while transporting my child. I release Doodle Bug Learning Center from any liability arising during transportation.



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Photography Consent

Child's Name: _____

1. I consent to the use of any photographs in which my child or I appear for use and display within the center and for documentation purposes.

With Face Showing: Yes / No **Without** Face Showing Yes / No Initials: _____

2. I give Doodle Bug Learning Center full permission to use photographs of my child or myself for posting on the Doodle Bug Learning Center Facebook and Instagram pages.

With Face Showing: Yes / No **Without** Face Showing Yes / No Initials: _____

3. I give Doodle Bug Learning Center full permission to use photographs of my child or myself for posting on the Doodle Bug Learning Center website and for use in promotional materials.

With Face Showing: Yes / No **Without** Face Showing Yes / No Initials: _____

Getting to Know Your Child

To ensure we provide the best possible care and support, we'd love to learn more about your child's preferences, needs, and experiences. Please answer the following questions to help us understand your child better:

What are your child's biggest fears? _____

What is your child's favorite type of play? _____

At what stage is your child in toilet learning? _____



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How does your child react when left with unfamiliar people or in unfamiliar situations?

What foods does your child dislike?_____

What are your child's favorite foods?_____

What makes your child angry?_____

How does your child express anger?_____

What embarrasses your child the most?_____

What method of guidance do you use at home?_____

What do you find most challenging about your child?_____

What do you find most enjoyable about your child?_____

What do you hope your child will gain from their experience at Doodle Bug Learning Center?



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Please feel free to add any further advice, ideas, or concerns about your child. Parental input and involvement are of utmost importance to us as we work together to support your child's growth and development. _____

Emergency Consent

At Doodle Bug Learning Center, the safety and well-being of your child is our top priority. While we always strive to contact parents immediately when a child becomes ill or requires medical attention, there may be rare occasions when immediate action is necessary, and we are unable to reach you in time.

I understand that in the event of an emergency where I cannot be reached, it is the policy of Doodle Bug Learning Center to ensure that my child receives prompt medical attention. This may involve transporting my child to the nearest emergency center.

I hereby authorize Jessica Pirttikoski or a designated staff member of Doodle Bug Learning Center to transport my child, _____, to the nearest emergency center or accompany them in an ambulance if I am unreachable or unable to arrive in time.

Furthermore, I grant permission for my child to receive any necessary medical treatment as deemed appropriate by healthcare professionals in such an emergency situation. I also authorize the staff of Doodle Bug Learning Center to provide any pertinent information about my child's health and medical history to healthcare professionals in my absence.



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Care Details

Care will Commence on_____. To secure a placement at Doodle Bug Learning Center a nonrefundable registration fee of \$200.00 is required. A monthly fee of_____ to be paid on or before the First of each month. Care will take place between the hours of 8:00 am and 4:30pm and on the M / T / W / T / F following days . Any time, over and above the agreed hours of care, will be charged as overtime, at the rate of \$1.00 a minute or \$ 60.00 Per Day.

Parent / Guardian Consent

By completing this registration form and signing below, you acknowledge and formally agree to abide by the terms and policies as outlined in the Doodle Bug Learning Center Family Handbook. Your consent to these terms and policies establishes a binding contractual agreement between you, the undersigned, and Jessica Pirttikoski, the Licensee/Owner of Doodle Bug Learning Center.

Parents Signature:_____

Date:_____

Parents Signature:_____

Date:_____

Director Signature:_____

Date:_____