Denman Island, BC
LICENSED CHILD CARE
REGISTRATION PACKAGE 2025

Blackberry Lane
CHILDREN'S CENTER
est. 1981

Welcome to the Blackberry Lane Children's Center, operated by the Denman Island Pre-School Society, a volunteer driven, registered not-for-profit society.

We are excited to potentially offer your child a space in one of our childcare programs. We look forward to building a relationship with you and your family. Please note that children who do not live on Denman Island must have an on-island Emergency Contact to apply in case of emergency.

If you have multiple children registering, a separate package is required for each child.
Please select "File", "Make a Copy" and then either email or share the link to denmanislandchildcare@gmail.com and we will contact you with confirmation.

Affordable Child Care Benefit, Ministry of Children and Family Development (MCFD)

Families who qualify for the Affordable Child Care Benefit are encouraged to apply right away. Parents who receive the benefit are responsible for the full child care fees until the benefit is in place, which in our experience can take several weeks. We will credit the benefit portion of the payment to parents once the Affordable Child Care Benefit is in place. It is the responsibility of families to apply for and maintain status of their Affordable Child Care Benefit. This benefit may fully cover fees or only partially. Families are responsible for the difference. Families who apply for this benefit and do not qualify are responsible for their fees. Please contact us if you require help in applying or further financial assistance.

Please contact MCFD at 1-888-338-6622 or visit their website online for more information.

Blackberry Lane Children's Center • Denman Island, BC

REGISTRATION PACKAGE

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Please return this package via email to denmanislandchildcare@gmail.com, or drop off in person to 1100B Northwest Rd, Denman Island.
Our office hours are Monday-Friday, 8:00 am - 4:00 pm.

For support in filling out these forms you can email the above email address or call 250-335-1029

Blackberry Lane Children's Center
office phone 250-335-1029, text msg center cell 250-702-3073
email: denmanislandchildcare@gmail.com

REGISTRATION FORM & EMERGENCY CARD INFORMATION

CHILD'S INFORMATION

Child's Full Name	
Nickname if preferred	
Date of Birth (month/day/year)	
Age (years/months)	

PARENT / GUARDIAN INFORMATION

Name:	Relationship:
Address:	Email:
Home Phone:	Alternate Phone:

Name:	Relationship:
Address:	Email:
Home Phone:	Alternate Phone:

Name:	Relationship:
Address:	Email:
Home Phone:	Alternate Phone:

Other family living in the home:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

AUTHORIZATION FOR PICK UP OF CHILD

Child's Name:	

I authorize the following people in addition to listed Parents/Guardians (one of whom MUST be local to Denman Island) to pick up my child and/or to be contacted in case of an emergency, if I cannot be reached.

Emergency CONTACT #1 (Must be a Denman full-time resident)

Name:	Relationship:
Main Phone:	Alternate Phone:

Emergency CONTACT #2

Name:	Relationship:
Main Phone:	Alternate Phone:

Is there anyone you DO NOT WISH to collect your child?

Name of person(s) and relationship to child:	

Is there a court order or separation agreement in effect that denies someone access to your child? (Please initial)

Yes:	No:

A copy of the documentation must be provided for our records.

Children WILL NOT be released to:

- An unauthorized person
- Someone impaired by alcohol or drugs
- Minors (a person under 18 years of age, unless an authorized sibling age 16+)

EMERGENCY AUTHORIZATION: In case of an emergency, when a Doctor's attention is required, I hereby authorize the Center Manager or the Childcare provider on duty to obtain the necessary help. All ambulance costs incurred are the responsibility of the parent/guardian.

Name of Parent/Guardian:	Date:

Signature:	

ALL ABOUT MY CHILD

To ensure your child and family can grow and be successful in our program please complete the following in as much detail as possible.

How would you describe your child? (Shy, quiet, a watcher; outgoing, adventurous, active):

Does your child have previous experience away from home? Do they feel comfortable leaving you?:

Does your child have a regular nap? How can we help your child to fall asleep, what's their routine?

Does your child have any food preferences and/or dietary concerns?

What are things your child does well? What do they love to do?:

Tell us about your child and toileting:

Is your child receiving any specialized services from the Comox Valley Child Development Association, Island Health or other community agencies (*Speech and Language, Supported Child Development, Occupational Therapy, Physiotherapy, Early Years Wellness etc.*)?:

If your child communicates in a different language or way, could you provide us with some common words / signs they use to get their needs met (*like hungry, hurt, help etc.*)?:

Has there been any recent changes in your family that would be helpful for us to know?:

How would we know if your child was upset or uncomfortable and what would help them to feel more safe and secure?:

Are there any activities that you do not want your child to participate in because of cultural beliefs? (i.e. holidays, themes) Please specify:

Do you have any special interests that you would like to share with us (language, cooking, woodwork, pottery, arts/crafts, music, cultural celebrations etc.)?

Is there anything else you would like to tell us about your child?

The following question is optional and is for data collection only and will be used to support our efforts to improve inclusivity in our child care programs and to be included in relevant grant applications for inclusivity funding opportunities. Your personal answers will remain completely anonymous unless you specify otherwise. Center management may reach out to you for further information on how we can best include your child. Please do not hesitate to contact us if you have any questions or concerns.

Does your child identify as any of the following (Please initial any that apply):

Indigenous (First Nations, Metis, Inuit)	
Neurodiverse	
Person with a disability	
Person of colour (or visible minority)	
None of the above	

CHILD'S HEALTH INFORMATION

Child's Name:	
CARE CARD Personal Health Number:	

IMMUNIZATION RECORDS The Community Care and Assisted Living Act – Child Care Licensing Regulation (Island Health) requires that we have immunization records for each child in our programs. Please enter the dates of immunization in the assigned space, or submit a copy of your child's immunization records available from your local health unit.
(PENTA; Combines Pertussis, Diphtheria, Tetanus, Polio, Haemophalis Influenza B in one dose.)

Date/Age	Date/Age
PENTA or DPTP	Measles
PENTA or DPTP	Mumps
PENTA or DPTP	Rubella
PENTA or DPTP	Hepatitis B
PENTA or DPTP	TB
DPTP	Other

Please sign the appropriate box:

I have chosen **not** to immunize my child	
OR My child's immunizations are **not up-to-date**.	

FAMILY DOCTOR	Phone:
FAMILY DENTIST	Phone:

DOES YOUR CHILD HAVE ANY ALLERGIES?

Food Allergies, please specify	
Severity & type of reaction	
Does your child have/use an epi-pen or inhaler?	
Other Allergies, please specify:	
Severity & type of reaction	

Does your child have any health or medical issues? (initial and describe)

Asthma	
Hearing	
Vision	
Special Medications	
Skin Conditions	
Other, Please Specify:	

OTHER HEALTH PROFESSIONALS INVOLVED WITH CHILD:

Name:	Phone:
Name:	Phone:

PARENT/GUARDIAN PERMISSIONS

PUBLICITY RELEASE:
Updated: January 2025

I, the parent or guardian of the child,

hereby authorize the Denman Island Pre-school Society, operating as Blackberry Lane Children's Center, to film or photograph my child.

I understand the images will be used for: (only checked or initialled boxes will indicate your permission):

Please check permissible options:	✔	Please check permissible options:	✔
BBL Social Media		BBL website	
Printed Poster		Community Bulletin Board	
Newspaper Article		Weekly Family & Friends Email Newsletter	
Photos displayed in our Center		Television Video	

I authorize my child to be identified by first name (initial one):

Yes:		**No:**	

Parent/Guardian Signature & Date:

OR:

I DO NOT wish my child to be filmed, photographed, videoed on behalf of the Denman Island Pre-school Society, operating as Blackberry Lane Children's Center

Parent/Guardian Signature & Date:

FIELD TRIPS:
I give my permission for my child to accompany child care staff on short neighborhood trips (i.e. library, local park, beach). I understand that all excursions will be carefully planned and adequately supervised. I understand that field trips may occasionally require public transportation and/or take place outside of the immediate neighborhood of the center.

Parent/Guardian Signature & Date:

PERMISSION TO ADMINISTER SUNSCREEN:

I give the Blackberry Lane Children's Center Staff permission to apply sunscreen to my child on an as-needed basis. If sunscreen is not provided by the family, the staff will administer sunscreen.

Parent/Guardian Signature & Date:

PARENT COMMITMENT:

I have received and read the BBL Parent/Guardian Handbook. I accept and agree to abide by the policies as stated.

Parent/Guardian Signature & Date:

PARENT CONSENT:

In permitting my child to attend Blackberry Lane Children's Center, I, the undersigned, permit my child to participate in the full range of child care activities and authorize the Supervisor or their appointee, in the event of an accident or illness affecting the above named child, to authorize on my behalf all procedures, including admission to hospital and any necessary treatment therein as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made.

It is understood that the Denman Island Preschool Society is not responsible for medical care or ambulance costs. I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the Denman Island Preschool Society Blackberry Lane Children's Center; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in the Blackberry Lane Children's Center programs.

Parent/Guardian Signature & Date:

EMERGENCY – PERMISSION CARD
Child's Name:
DOB: YYYY/MM/DD
Address:
Parent/Guardian Name & Number:
Parent/Guardian Name & Number:
Emergency Contact Name & Number:
Date of most recent Tetanus Shot:
Child's Doctor:
Child's Dentist:
Medical Conditions/Allergies/Medications:
Care Card Number:

Child's Name:

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child.
Your consent will accompany the child to the emergency service.

2. I hereby authorize the staff at Blackberry Lane Children's Center to call a medical practitioner or ambulance for my child, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

Parent/Guardian Name (please print) & Date

Parent/Guardian Signature

BLACKBERRY LANE PAYMENT OF FEES AGREEMENT

PAYMENT INFORMATION

Child's Name:	Payer's Name:
Billing Address:	City:
Postal Code:	Main Phone:
Email:	

In accordance with Canada Revenue Agency guidelines, Child Care Tax Receipts will be issued in the name of the Payer.

FEES PAYMENT OPTIONS

I hereby agree to make payment to the Denman Island Preschool Society Blackberry Lane Children's Center monthly for childcare fees on or within 15 days of the date of invoice.

The Affordable Child Care Benefit can be used for all programs that we provide, including after school care. For more info visit https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/childcarebc-programs/child-care-benefit.

Please initial if applicable:	I will be applying for the Affordable Child Care Benefit.

I will pay the full preschool fee per month by E-Transfer (bblfees@gmail.com) or by cash or cheque made payable to Denman Island Preschool Society, Blackberry Lane within 15 days of Invoice due date

I understand that there is a one-time Registration Administration Fee of $50.00/child for all new children registering for care with the Center (they have never been in care with us before), due when this form is submitted for filing.

I understand that there is an additional monthly materials fee that is billed at $10/per day/per week of care: 1 day per week = $10 per month, 2 days per week = $20/ month etc, to a maximum of $50/month.

The Denman Island Preschool Society Blackberry Lane Children's Center will not be responsible for any costs charged by my bank/financial institution. If a payment is declined or returned, I will be notified to

arrange payment. If payment is not received in a timely fashion it is deemed as non-payment. Non-payment may result in the cancellation of services.

Denman Island Preschool Society Blackberry Lane Children's Center reviews its childcare fees on an annual basis. Thirty (30) days notice in advance of any fee increase will be provided.

It is the responsibility of the parent/guardian payer to ensure that the Denman Island Preschool Society Blackberry Lane Children's Center has a current address.

I understand that I will not be changed for days when the Center is closed due to weather, power outages, or other unexpected interruptions to service. Childcare fees are not adjusted if my child is absent, without 2 weeks notice due to sickness, vacation or other personal reasons.

NOTICE TO WITHDRAW: We require 2 weeks notice in writing, if you decide to withdraw your child from BLackberry Lane Children's Center. You will be responsible for any fees due during the notice period. Any changes to the agreement (increase or decrease days) take effect the next month so please give as much notice as possible. Additional drop in childcare days are available as space permits and will be billed accordingly on the next invoice.

TERMINATION OF SERVICE: At Blackberry Lane Children's Centre, staff are committed to providing a caring and supportive environment for all families. However, termination of services may be required if: ➢ Fees for services are not paid and suitable arrangements cannot be agreed upon. ➢ The Centre is unable to satisfactorily resolve an issue with the enrolling parent/guardian. ➢ Your child's safety or the safety of other children in care is compromised by aggressive language or behavior which cannot be resolved.

I understand and agree to the above conditions for registering my child in a program with Blackberry Lane Children's Center.

Parent/Guardian Signature & Date	
Blackberry Lane Manager Signature & Date:	
Child Care Start Date:	
Child Care End Date: (office use only)	