

REGISTRATION FORM

| General Information | | | | |
|---------------------------------------|----------------------|---------------|---------------------------|---------------------|
| Child Name | | | | |
| | First Name | Last Name | Middle Name | |
| Nick Name | | | Weight | Height |
| Sex (circle) | M | F | Date of Birth | School |
| | | | mm/dd/yyyy | Name |
| | | | | Grade |
| Special Needs and Subsidy Information | | | | |
| Subsidy Number | | | Subsidy Start Date | Subsidy Expiry Date |
| | | | mm/dd/yyyy | mm/dd/yyyy |
| Restrictions | | | | |
| Program | | | | |
| Program (circle) | 1 & 2 Period Care | Kindergarten | Summer Time Only | |
| Facility Start Date | | | | |
| | mm/dd/yyyy | | | |
| Contacts (Parent/Guardian) | | | | |
| Contact Name | | | | |
| | First Name | Last Name | | |
| Address | | | | |
| | Street | City | Prov. | Postal Code |
| Home Telephone | | Comments | | |
| Work Telephone | | Comments | | |
| Alternate Telephone | | Comments | | |
| Alternate Telephone | | Comments | | |
| E-mail | | | | |
| Occupation | | Employer Name | | |
| Employer Address | | | | |
| | Street | City | Prov. | Postal Code |
| Days & Hours Worked | | | | |
| Relationship | | | Primary Caregiver(circle) | YES NO |
| Circle all relevant | Emergency Contact | Lives With | Pick Up Authority | Restraining Order |
| Comment | | | | |

Contacts (Parent/Guardian)

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days & Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

Other Contact

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days & Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

Growth and Development

Eating Habits

Food Dislikes

Food Likes

Languages Spoken

Dominant Hand

Nap Information

Dressing Help Info.

Toilet Help Information

Favorite Activity

Playing Habits

Playing Difficulties

Friends

Previous Care

Current Discipline

Other Information

Family Physician

Physician Name _____
title First Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Prov. Postal Code

Home Telephone _____

Work Telephone _____

Alternate Telephone _____

Fax _____

E-mail _____

Comment _____

Other Consultant, Physician, Therapist, Dentist

Physician Name _____
title First Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Prov. Postal Code

Home Telephone _____

Work Telephone _____

Alternate Telephone _____

Fax _____

E-mail _____

Comment _____

Enter Schedule, if child is to attend more then one time per day use additional lines

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Additional Information _____

Child Care Pro Consent

We hereby request your consent to disclose the collected information to Vari Tech Systems Inc. for the purpose of managing the software childcarepro on behalf of The Facility and in accordance with the Vari Tech Privacy Code. I understand that Vari Tech Systems Inc. will not disclose such personal information without my further consent unless required or permitted by law. For additional information about the Vari Tech Privacy Code, please visit www.varitechsystems.com or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at admin@childcarepro.ca.

Date _____ Signature _____

Emergency

If at any time, medical treatment is necessary due to a serious injury or sudden illness. I authorize the child care facility to take whatever emergency measures deemed necessary for the protection of my child while in the care of the child care facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment including ambulance fees, is my responsibility.

Date _____ Signature _____

Field Trips

I give permission for my child to accompany the Facility on field trips. I understand that this includes excursions on foot, or on public transportation. (ie. local parks/playgrounds; 7-11 stores; fire hall etc.).

Date _____ Signature _____

Indirect Supervision

I give permission for Indirect Supervision as described as follows.
We will allow children to leave the centre on their own to use the washroom, report for patrol duty, participate in intramurals that they have registered for or work with a teacher. Please note that when they need to leave the room they will be asked to go with a friend. If they are enrolled in school activities then they are not considered in attendance at the centre and we are not responsible for them until they arrive back at the centre and are signed in.

Date _____ Signature _____

Media

I give permission for members of the media, at the discretion of the director of the Facility, to take pictures/video of my child.

Date _____ Signature _____

Medicine

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during Facility hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further, more detailed medicine consent form at that time.

Date _____ Signature _____

Parent Manual

I have recieved and read the parent manual. I understand and agree to abide by these policies.

Date _____ Signature _____

Photos

I give permission for the Facility's staff to take pictures/videos of my child(ren) for Facility use only. During the Summer months I agree to the centre sending pictures of the children doing various activities pertaining to the grants that we may recieve.

Date _____ Signature _____

Practicum

I give permission for my child to be observed by students in fields relevant to the field of child care if these observations are kept in confidence and used only as a means to fulfill their course requirements. These obsevatons must be approved by the Facility.

Date _____ Signature _____

Release of Information

I authorize the release of any information or records requested to the staff of the Facility. This information will generally be requested from the school or other professionals that are or have been involved with the child.

Date _____

Signature _____

Sunscreen / Bug Spray

I hereby authorize the Facility to apply SUNSCREEN SPF 30+ and Bug Spray on my child during the season when children are at risk of the sun and bug bites. I am aware that I am to provide the centre with \$5.00 for the cost of the sunscreen and bugspray. If I wish my child to use special sunscreen/bugspray I will need to provide a bottle to the day care centre.

Date _____

Signature _____

Withdrawal

I am aware that I must provide the Facility with two (2) weeks notice before withdrawing my child. If I fail to do this, I will be required to pay for two(2) weeks of fees and I will forfeit my deposit.

Date _____

Signature _____