

EduCare Children's Centre Registration Form

CENTRE USE ONLY:	START: _____ MONTH/DAY/YEAR	END: _____ MONTH/DAY/YEAR
FULL TIME	PART TIME	DAYS REQUIRED: MON / TUES / WED / THURS / FRI
TODDLER	PRESCHOOL	KINDERGARTEN SCHOOL AGE

NAME IDENTIFIED ON INCOME TAX RECEIPT: _____

CHILD'S INFORMATION:

		D.O.B		
SURNAME	GIVEN NAMES	MONTH	DAY	YEAR
ADDRESS	STREET NAME & NO.	CITY	POSTAL CODE	
PREVIOUS DAYCARE EXPERIENCE:	LICENSED CARE	HOME CARE	NONE	

MOTHER'S INFORMATION:

MOTHER STEP MOTHER LEGAL GUARDIAN PARTNER

NAME			
ADDRESS:	STREET NAME & NO.	CITY	PROVINCE
POSTAL CODE	HOME PHONE #	CELL #	
BUSINESS NAME & ADDRESS		BUSINESS PHONE #	

FATHER'S INFORMATION:

FATHER STEP FATHER LEGAL GUARDIAN PARTNER

NAME			
ADDRESS:	STREET NAME & NO.	CITY	PROVINCE
POSTAL CODE	HOME PHONE #	CELL #	
BUSINESS NAME & ADDRESS		BUSINESS PHONE #	

EMERGENCY CONTACTS:

NAME & RELATIONSHIP TO CHILD	ADDRESS	PHONE

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HEALTH/MEDICAL HISTORY	
DOCTOR'S NAME	PHONE NUMBER
ADDRESS	STREET NAME & NUMBER
ALLERGIES	REACTIONS
1)	
2)	
3)	
ONGOING MEDICATIONS	
1)	2)
ONGOING MEDICAL NEEDS: (REASONS FOR ONGOING MEDICATIONS)	
TODDLER & PRESCHOOL CHILDREN ONLY: PLEASE PROVIDE AN UP-TO-DATE COPY OF YOUR CHILD'S IMMUNIZATION FOR OUR RECORDS. IF THERE ARE REASONS TO BE EXEMPT FROM IMMUNIZATION PLEASE PROVIDE A COPY OF EXEMPTION FORM FROM YOUR DOCTOR	
DIETARY RESTRICTIONS:	YES NO
IF YES PLEASE EXPLAIN:	
SPECIAL NEEDS:	
OTHER INFORMATION: (LIKES/DISLIKES/FAVOURITES/PETS/SLEEPING PATTERNS/SIBLINGS/ETC.)	

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AUTHORIZATION

EMERGENCIES:

I HEREBY GRANT PERMISSION FOR THE PROGRAM STAFF OF EduCare CHILDREN'S CENTRE TO TAKE WHAT-EVER STEPS NECESSARY TO OBTAIN EMERGENCY MEDICAL ATTENTION IN THE EVENT THAT I (PARENT/LEGAL GUARDIAN) CAN NOT BE REACHED. IT IS ALSO UNDERSTOOD THAT I (PARENT/LEGAL GUARDIAN) SHALL ASSUME RESPONSIBILITY FOR ANY COSTS INCURRED.

ARRIVAL:

I UNDERSTAND THAT I AM RESPONSIBLE TO DELIVER AND ANNOUNCE MY CHILD UPON ARRIVAL TO THE CHILD CARE PROGRAM.

FIELD TRIPS / TRANSPORTATION / OUTINGS:

I HEREBY GRANT PERMISSION FOR MY CHILD TO LEAVE THE LICENSED PREMISES UNDER THE SUPERVISION OF A STAFF MEMBER FOR FIELD TRIPS, COMMUNITY WALKS, ETC. I UNDERSTAND THAT DATED, TIME-LIMITED SPECIFIC CONSENT WILL BE ISSUED FOR EACH FIELD TRIP.

EQUIPMENT & ACTIVITIES:

I HEREBY GRANT PERMISSION FOR MY CHILD TO USE THE PLAY EQUIPMENT AND PARTICIPATE IN ALL OF THE ACTIVITIES OF THE CHILD CARE PROGRAM.

PHOTOGRAPHS:

I HEREBY GRANT PERMISSION FOR MY CHILD'S NAME AND PHOTOGRAPH TO BE INCLUDED IN PROGRESS REPORTS AND EVALUATIONS AND IN MEDIA COVERAGE FOR THE PURPOSE OF PUBLICITY AND PROMOTION OF THE CHILD CARE PROGRAM.

WEBSITE:

I HEREBY GRANT PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE DISPLAYED ON THE EduCare CHILDREN'S CENTRE WEBSITE.

NEWSLETTERS:

I HEREBY GRANT PERMISSION FOR INFORMATION ABOUT MY CHILD AND FAMILY TO BE PUBLISHED IN THE PROGRAM NEWSLETTER.

POLICIES:

I, THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THE PARENT HANDBOOK AND WILL COMPLY WITH THE POLICIES AND OPERATING PROCEDURES OF THE CHILD CARE PROGRAM.

THIS AUTHORIZATION:

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I/WE ACKNOWLEDGE AND COMPREHEND THE ABOVE.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

STAFF

Brown Bag Lunch Policy

A bag lunch, provided by me is to be served to my son/daughter _____ at EduCare Children's Centre as a noon meal. I have been provided with information about the types of food items which need to be included in the lunch as well as those which are not to be included due to their low nutritional value and/or high sugar content.

I understand that my child's lunch should be brought to the classroom in the morning with a freezer pack so as to keep the foods cold.

I understand that it is the responsibility of the daycare program to ensure that lunches provided meet the requirements for high quality and that the teachers will bring concerns in this regard to my attention.

Date

Signature of Parent/Guardian