



Child Care Centre

DAYCARE REGISTRATION FORM

Please sign the following statement:

I / we, _____, the parent(s) and/or
 legal guardian(s) of our child, _____, declare that I / we have read
 and understand the Centre's Admission Policies and Procedures.

This includes the policy which states, "After a space has been accepted by the parent / guardian and the child is subsequently withdrawn prior to starting in the Centre, a 15% administration fee will be withheld from the original deposit (the balance will be refunded)."

Mother / Guardian: _____ Date: _____
 Father / Guardian: _____ Date: _____

----- For Office Use Only -----

Application received on _____

Preferred start date _____

Wait list () Yes () No

\$100 Deposit (includes \$15 Comfort Kit fee) () Yes () No

Or, payment for 1st month's fees received () Yes () No

 (Accounting Office Signature)

 (Date)

ABOUT YOUR FAMILY:

Mother	Father
Name: _____	Name: _____
Home phone: _____	Home phone: _____
Cell / Pager: _____	Cell / Pager: _____
Work phone: _____	Work phone: _____
E-Mail: _____	E-Mail: _____
Place of work/school: _____	Place of work/school: _____
Occupation: _____	Occupation: _____
Work hours: _____	Work hours: _____

Name of sibling(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

Other adults at home: _____

Pets: _____

The Centre's staff will not release your child to an unauthorized person unless you provide us with a **written** permission prior to the event. Therefore, please provide the Centre with at least two emergency contacts, persons who are authorized to drop off and pick up your child.

Emergency Contacts

<u>Name</u>	<u>Relationship to Child</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CUSTODY RESTRICTIONS Yes () No ()

If yes, is a copy of the court order or restrictions attached Yes () No ()

Persons not permitted access to child:

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

ABOUT YOUR CHILD'S HEALTH:

Does your child have any **allergies**? Yes () No ()

If "yes", please explain: _____

Are there any special **health concerns or medications** that staff should be aware of? Yes () No ()

If "yes", please explain: _____

You are responsible for keeping a record of your child's immunizations; please attach a copy of the immunization record to this application.

Is your child immunized? Yes () No () If No, please sign the following statement:

I understand that, should there be a suspected or real outbreak of any communicable disease, I must remove my child from the Centre until cleared by medical staff.

Signature: _____ Date: _____

PERMISSION FORM

1. I hereby give permission for my child to go on field trips arranged by the Daycare staff; I understand that I will be informed in advance of any special field trips. Yes () No ()
2. I hereby give permission to have pictures and/or videos taken of my child in the program setting for general record-keeping and publicity purposes. Yes () No ()
3. On occasion the Centre receives a request from other professionals or the community to observe the program; we attempt to do this with the least disturbance to the children's routine. I hereby give permission for my child to be present on these occasions. Yes () No ()
4. At times the staff is invited to partake in a case management meeting or the staff has to confer with other professionals about your child. I hereby give permission for the staff to confer with the following professionals about my child:
- | | | |
|---|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Infant Development
Consultant | <input type="checkbox"/> Speech and Language
Therapist | <input type="checkbox"/> Financial Assistance
Worker |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> ECE Students |
5. In the event that your child needs medical attention, staff will attempt to contact you or your emergency contact persons. If the staff cannot reach anyone, and your child has to be taken to an emergency clinic, the staff will do so by ambulance, Cridge vehicle or taxi at the Cridge Centre's expense. We will continue to attempt to reach you and your emergency contact persons. I hereby give permission for the Cridge Centre staff to take my child to an emergency clinic. Yes () No ()

Parent/Guardian Signature

Date

All information about you and your family, which is provided to the Cridge Centre for the Family, will be held in the strictest confidence by all involved departments within the organization.

For more information, please see The Cridge Centre Childcare Policies and the Guidance & Discipline Statement under the Applications link on our Web site: www.cridge.org.