

St. Joseph's Early Learning and Child Care Centre Registration Form

(Please include a photo of your child)

____ **Daycare** () part-time (please check days) () full-time
() Monday () Tuesday () Wednesday () Thursday () Friday
____ **Preschool**, () Monday Wednesday Friday or () Tuesday Thursday
____ **Before School Care** () Monday () Tuesday () Wednesday () Thursday () Friday
____ **Afterschool Care** () Monday () Tuesday () Wednesday () Thursday () Friday

Enrollment Date: _____

GENERAL INFORMATION:

Name of Child: _____ ()M,()F,
SURNAME GIVEN MIDDLE

Birthdate: _____ Copy of Birth Certificate ____yes ____no
YY MM DD

Mother/Guardian

Name _____

Place of Work _____ Phone _____ Hours of Work _____

Home Address _____
House # and Street City Postal Code

Mailing Address if Different from Home Address _____

Home Phone _____ Cell phone: _____ email: _____

Father/Guardian

Name _____

Place of Work _____ Phone _____ Hours of Work _____

Home Address _____
House # and Street City Postal Code

Mailing Address if Different from Home Address _____

Home Phone _____ Cell phone: _____ email: _____

Medical Information

Family Doctor _____ Phone _____

Care Card # _____

ALTERNATIVE PERSON TO CALL/PICKUP IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PERSONS(OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS AUTHORIZED TO PICK UP CHILD FROM FACILITY

Name_____Relationship_____Phone_____

Name_____Relationship_____Phone_____

PERSONS NOT PERMITTED ACCESS TO CHILD

Name_____Phone_____

Name_____Phone_____

ARE THERE CUSTODY ORDERS? ()YES ()NO IF YES ATTACH DOCUMENTATION

NAMES OF OTHER CHILDREN LIVING AT HOME

Name_____Date of Birth_____

YYYY/MM/DD

Name_____Date of Birth_____

YYYY/MM/DD

HAS YOUR CHILD HAD PREVIOUS EXPERINCE AWAY FROM HOME? ()YES ()NO

IF YES EXPLAIN:_____

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS ()YES ()NO

EXPLAIN_____

DOES YOUR CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? ()

YES () NO If yes attach documentation

List any communicable diseases your child has had:_____

ANY ALLERGIES? () YES () NO IF YES, PLEASELIST:_____

ANY SPECIAL INSTRUCTIONS FOR ALLERGIC

REACTIONS:_____

RECORD OF IMMUNIZATIONS

WE CANNOT ACCEPT YOUR REGISTRATION WITHOUT THIS PART COMPLETE

Indicate date(s) given, per immunizations (you can request a copy of your child's immunization at your local Health Unit)

Diphtheria:_____

Pertussis:_____

Tetanus:_____

Polio:_____

HIB:_____

Measles, Mumps/Rubella:_____

Other:_____

I prefer my child not to have immunizations and understand my child could be at greater risk of infection from other children in the centre.

Parent/Guardian Signature: _____ Date: _____

PERMISSION PAGE

I authorize the caregivers to obtain, as necessary, the following services:

Public health nurse

Physician

Ambulance

Date: _____ Parent/guardian signature _____

*the cost of Ambulance Services is the responsibility of the family. In the event of an emergency staff will contact parents/guardians, and/or alternative contacts. Staff may accompany child to medical services as needed.

PUBLICITY PERMISSION: Please circle Yes or No and be sure to check yes or no for website, if you agree to having your child photographed

YES I hearby give permission for my child to be photographed for us in publicity or projects of the centre, Island Catholic Schools, including the website ()yes, or not including the website ()

NO My child in not to be photographed, or identified

Date: _____ Parent/guardian signature _____

PLAYGROUND PERMISSION

I hereby give permission for my child _____ to use the large playground in front of the school, with proper supervision of the caregivers, on an occasional basis.

How did you find out about our Early Learning Centre? _____

CONSENT FORM

It is the policy of St. Joseph's Child Care Centre to notify a parent when a child is ill or need medical attention. Occasionally, we cannot contact parents or alternative contacts and we need to get immediate help for the child. Please sign the consent below so that we can take care of your child on your behalf until you arrive. We will take this signed consent form with us to the emergency centre.

I authorize the staff or person(s) in charge to call a physician, take my child to the nearest emergency centre, or call an ambulance for emergency medical aid should staff believe such services are required. If such an emergency should arise, I shall be notified as soon as possible. I agree that the responsibility of any costs incurred for such services shall be my sole responsibility.

Name of Parent/Guardian (please print) _____

Parent Signature _____

Child Care Manager Signature _____

Date: _____