

# Care and Fun Childcare Limited

Tel: 902 445 0881

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## Registration form



<u>General Information</u>				<u>Main Branch</u>	<u>Bedford Branch</u>
<b>Child Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	First	Last	Middle	Nick name	
<b>Sex</b> Circle	<input type="radio"/> M	<input type="radio"/> F		<b>Birth Date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> MM / DD / YYYY
<b>Program</b> circle	<input type="radio"/> Infant	<input type="radio"/> Toddler	<input type="radio"/> Preschool	<input type="radio"/> School age	<b>Starting Date</b> <input type="text"/> / <input type="text"/> / <input type="text"/> MM / DD / YYYY

<b>Parent / Guardian Contact</b>					
<b>Name</b>	<input type="text"/>	<input type="text"/>	<b>Address</b>	-----	-----
	First	Last	street	No.	Unit city Postal code
<b>Phone</b>	-----	-----	-----	<b>Email</b>	-----
	Home	Work	Cell	<b>Relationship:</b>	-----
<b>Occupation:</b>		Employer:	<b>Primary care giver</b> (invoice to)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Circle all relevant</b>	<input type="checkbox"/> Lives with	<input type="checkbox"/> Emergency contact	<input type="checkbox"/> pick up Authority	<input type="checkbox"/> Restraining order	

<b>Parent / Guardian Contact</b>					
<b>Name</b>	<input type="text"/>	<input type="text"/>	<b>Address</b>	-----	-----
	First	Last	street	No.	Unit city Postal code
<b>Phone</b>	-----	-----	-----	<b>Email</b>	-----
	Home	Work	Cell	<b>Relationship:</b>	-----
<b>Occupation:</b>		Employer:	<b>Primary care giver</b> (invoice to)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Circle all relevant</b>	<input type="checkbox"/> Lives with	<input type="checkbox"/> Emergency contact	<input type="checkbox"/> pick up Authority	<input type="checkbox"/> Restraining order	



Emergency Contact

**Name**   **Address** -----  
 First Last street No. Unit city Postal code

**Phone** ----- **Email** -----  
 Home Work Cell **Relationship:** -----

**Circle all relevant** Lives with Emergency contact pick up Authority Restraining order

Emergency Contact

**Name**   **Address** -----  
 First Last street No. Unit city Postal code

**Phone** ----- **Email** -----  
 Home Work Cell **Relationship:** -----

**Circle all relevant** Lives with Emergency contact pick up Authority Restraining order

Emergency Contact

**Name**   **Address** -----  
 First Last street No. Unit city Postal code

**Phone** ----- **Email** -----  
 Home Work Cell **Relationship:** -----

**Circle all relevant** Lives with Emergency contact pick up Authority Restraining order



**Siblings**

Name: ----- Program: ----- Name: ----- Program: -----

Name: ----- Program: ----- Name: ----- Program: -----

**Health and Medical Information**

MSA No. ----- Health Plan No. -----

Allergies: ----- Special needs: -----

Diagnosis Agency: ----- Date of Diagnosis ----- Diagnosis Agency: ----- Date of Diagnosis -----

Other information: -----

Family Physician: ----- Telephone: ----- Fax: -----

Address: ----- Email: -----

Parent / Guardian signature: -----

**Growth and Development**

Eating Habits ----- Food Likes ----- Food dislikes -----

Languages spoken ----- Dominant hand ----- Nap Information -----

Toilet Help info: ----- Dressing Help info -----

Favorite Activity ----- Playing Habits ----- Playing Difficulties -----

Other information -----

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Attendance Information

Arrival time: ----- Departure time ----- Days circle M T W Th F

Subsidy case # ----- Subsidy Amount ----- Starting on -----

Consent Form

Emergency I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the Facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the Facility Parent Guardian Sign.-----

Field Trips: I give permission for my child to accompany the Facility on field trips. I understand that this includes excursions on foot, with staff vehicles or on public transportation. (I.e. local parks/playgrounds; 7-11 stores; fire hall etc.). Parent Guardian Sign.-----

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. Parent Guardian Sign.-----

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 program the child is transferring from or other professionals that are or have been involved with the child. Parent Guardian Sign.-----

Late Pick up I hereby authorize the Facility to apply late pick up fees in case I or my authorised pick up contacts being late than 5.30 PM. \$10.00 for every 10 minutes delay. Parent Guardian Sign.-----

Fees: I understand and agree that the daily fees for my child is \$----- / Day Facility will invoice me every ----- weeks or monthly. And I will pay the invoice in advance every invoicing period. I understand that I should pay the invoice even my child is absent or sick. Parent Guardian Sign.-----

Photos: I give permission to the facility to take photos and videos for my child and use it on the facility Printing materials, social media (e.g. Facebook page) and Facility website. Parent Guardian Sign.-----

Late Payment charges: I understand that late payment of invoices or bounced cheques will results in extra charges as per the parent handbook. Parent Guardian Sign.-----

Parent Handbook: I hereby acknowledge and confirm that I received the Facility handbook and I will abide by all its contents. Parent Guardian Sign.-----