

Providence Daycare Centre Registration Form

Last Name:	First Name:
Preferred Name:	Middle Name:
Birth Date:	Start Date:
PARENTS OR GUARDIANS	
(1) Last Name:	First Name:
Relationship to Child:	Email:
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	
Employer:	
Work Address:	
(2) Last Name:	First Name:
Relationship to Child:	Email:
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	
Employer:	
Work Address:	
EMERGENCY CONTACT	
Name:	Relationship to Child:
Address:	
Home Phone:	Work Phone:
Cell Phone:	

Please download full copy of Parent Handbook at www.myprovidencedaycare.ca

Name:	Relationship to Child:
Address:	
Home Phone:	Work Phone:
Cell Phone:	

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone
.	.	.
.	.	.
.	.	.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released. Please note that the person picking up must provide Photo Identification and Contact Information before child can be released.

MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	
City:	Postal Code:
Health Card# (Optional):	
Allergies:	
Medical Information:	
Medication:	

ADDITIONAL INFORMATION (including, asthma, dietary requirements, rest, exercise):

IMMUNIZATION: The Child Care and Early Years Act requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your Doctor.

COMMUNICABLE DISEASES (check those that your child has had):

- CHICKEN POX:
- MEASLES
- GERMAN MEASLES
- PNEUMONIA
- RHEUMATIC FEVER
- WHOOPING COUGH
- FIFTH DISEASE
- FREQUENT COLDS
- BRONCHITI
- MIDDLE EAR INFECTION
- TONSILITIS
- SCARLET FEVER

DROP OFF AND PICK UP TIMES

	DROP OFF	PICK UP
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

It is understood that my child will be expected to be involved in all aspects of the program to the best of his/her ability. Such involvement includes, but is not limited to, centre based play, indoor and outdoor gross motor activities and rest time. If your child is unable to function within our classroom environment, due to illness, we may ask that he/she remain at home. I understand the above statement and agree to keep my child home when ill. I am aware that I will be expected to make arrangements for early pick up if my child is ill during the day.

Signature of Parents: _____ Date: _____

Signature of Director/Supervisor: _____ Date: _____

Please download full copy of Parent Handbook at www.myprovidencedaycare.ca

DAYCARE USE ONLY

Room Registered:	Days Registered:	
Start Date:	End Date:	
Registration Received:	Deposit Received:	Deposit Returned:
Immunization Received:		

PARENT CONSENT FORM

CHILD'S NAME: _____

FIELD TRIPS

I hereby give consent for my child to participate in excursions, within walking distance of the centre, under the guidance of the staff of Providence Daycare Centre.

_____ My child may participate in the above field trips.

_____ My child may not participate in the above field trips.

MEDICAL ATTENTION

In the event of an emergency, I understand and agree that my son/daughter, will receive:

- Whatever first aid is available
- Whatever additional medical assistance is required and available
- Such other emergency assistance as may be required to safeguard life and/or prevent injury

I understand further that I will be informed of the situation as soon as possible and that initial contact will be attempted by calling the telephone number(s) noted in the registration form.

_____ I give consent for my child to be transported by transportation arranged by Providence Daycare Centre (ambulance, taxi, etc...) as required.

_____ I do not give consent for my child to be transported by transportation arranged by Providence Daycare Centre (ambulance, taxi, etc...) as required.

VIDEOTAPE/PHOTO CONSENT FORM

From time to time, staff will videotape or photograph the children at Providence Daycare Centre. Both the photos and videos are useful for staff training and community and educational awareness purposes. Occasionally, they may appear in the newspapers. Please indicate ONE of the following choices.

_____ I give consent for Providence Daycare Centre staff to use videotapes/photos of my child(ren) for classroom and day-care use only.

_____ I give consent for Providence Daycare Centre staff to use videotapes/photos of my child(ren) for uses inside and outside the day-care.

_____ I do not give consent for videotapes/photos to be taken of my child in any capacity.

BACKGROUND INFORMATION

CHILD'S NAME: _____

1. Brothers or sisters:

2. Favourite friend, relative or babysitter, real or imaginary:

3. It is important that my child learns:

4. Favourite place to go:

5. Activities their family do together:

6. What the child does when upset, how can we comfort them:

7. Toilet trained:

8. Any other services involved with the child:

EMERGENCY CLASSROOM RECORD

Name of Child: _____

Health Card Number (Optional): _____

Date of Birth: _____

Mother's Name:	Father's Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Address:	Work Address:
Work Phone:	Work Phone:

Doctor's Name:
Doctor's Address:
Doctor's Phone:

Emergency Contacts

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Allergies and/or Special Medical/Additional Information:

Symptoms of Ill Health:

PROGRAM FEES

Toddler Program	
Full Time: Current Amount/Day: _____	Part Time Current Amount/Day: _____

Preschool Program	
Full Time Current Amount/Day: _____	Part Time Current Amount/Day: _____

Child care fees are payable to Providence Daycare Centre on the 1st and 15th of every month. There is a late fee charge of \$5.00 per day effective on the 2nd or 16th day of the month. If fees are not submitted by the 17th day of the month, a letter will be issued which states that child care service will be terminated immediately. The charge for NSF cheques is \$45.00. Providence Daycare Centre will be accepting payments only by cash, money order and preauthorized payments.

A Void Cheque or Preauthorized Deposit Form is required at time of registration.

REGISTRATION FEE

Per family: Please call to verify current amount: _____

DEPOSIT

Please call to verify current amount for desired Centre location: _____

Parents are required to provide one (1) month written notice of withdrawal. Failure to provide adequate notification will result in the forfeiture of the deposit paid at the time of registration.

I have read and understand Providence Daycare Centre's fee payment and agree to abide by the policy.

Signature of Parents: _____ Date: _____

Signature of Director/Supervisor: _____ Date: _____

**Providence Daycare Centre
SUNSCREEN CONSENT AND RECORD**

Research shows that sun exposure during childhood and adolescence is strongly linked to the development of skin cancer later in life. Infants and children have thinner skin than adults, making them more sensitive to ultraviolet rays.

Providence Daycare Centre staff is hereby authorized to administer sunscreen.

CHILD'S NAME

DATE:

SIGNATURE OF PARENT/GUARDIAN
