

CRYSTAL CITY COMMUNITY DAYCARE INC.

Crystal City, MB R0K 0N0

REGISTRATION AND CHILD INFORMATION RECORD FORM

Child's legal name:

Name commonly known as:

Male Female

Date of birth:

Languages known/spoken:

Family health number: _____

Child's Personal health number: _____

Doctor's name: _____

Doctor's phone number: _____

Mother/Guardian

Father/Guardian

Name:

Home address:

Home phone:

Cell: _____

Text?

Home e-mail:

Name: _____

Home address: _____

Home phone: _____

Cell: _____ Text?

Home e-mail: _____

Work/school name: _____

Work/school name:

Work/school address:

Work/school phone:

Work/school e-mail:

Work/school address: _____

Work/school phone: _____

Work/school e-mail: _____

Chosen Emergency Contacts

Choose two people we can contact and release your child to in case of illness or an emergency if you are not available

Name:

Relationship to Child:

Home address:

Home phone: _____ Cell: _____
Text?

Home e-mail:

Work name:

Work address:

Work phone: _____ Work e-mail:

Name: _____

Relationship to Child: _____

Home address: _____

Home phone: _____ Cell: _____ Text?

Home e-mail: _____

Work name: _____

Work address: _____

Work phone: _____ Work e-mail: _____

List other people who have permission to pick up your child from the childcare centre

LIVING AND CUSTODY ARRANGEMENTS

Child lives with: Mother Father Both Other (describe: _____)

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Have you provided copies to the childcare centre? Yes No Parent will provide Parent will not provide

Are you aware that the childcare centre cannot ask the police to enforce custody arrangements if the parent does not provide documents? Yes No

If applicable, are there any informal custody arrangements? Please describe:

SCHEDULE

Arrival Time: _____	Additional Information: _____ _____ _____ _____
Departure Time: _____	
Days (circle): Mon Tues Wed Thurs Fri	

Describe any physical, developmental, emotional, or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs.

Bottle Feeding and schedule:

Does your child have allergies to food, animals, medication, for example? Yes No Describe:

If so, are the allergies life-threatening (anaphylaxis)? Yes No Describe:

Are there any cultural, religious, or personal requirements or restrictions that we should be aware of?

Yes No Describe:

Toileting: Please check all that apply to your child's present stage.

completely capable
of using toilet

in diapers

in underwear during
day

asks to use the toilet

will use the toilet if taken

will not use the toilet yet

Other Toileting
Information? (words
used, for example)

Nap

I want my child to nap: Yes No

My child usually naps from _____ to

If applicable, how is your infant put to
sleep? (i.e., put in crib, rocked)

I want my child to rest on a cot each
day: Yes No

If yes, child will rest for no more than 30 minutes.

Is there any other information that may help us ease your child's transition into the childcare centre?
(Special interests, specific likes/dislikes, major changes within family, sibling names, for example)

WRITTEN PERMISSION

I have read the parent policy manual. I understand and agree to abide by these policies.

Yes No

I have read the code of conduct. I understand and agree to abide by the code of conduct.

Yes No

I give permission for students in fields relevant to the field of childcare to observe my child if these observations are kept confidential and used only to fulfill their course requirements. The Centre must approve these observations.

Yes No

I give permission for outings (not requiring transportation in private or public vehicle).

Yes No

I give permission for indirect supervision as described in the parent manual.

Yes No Not applicable

I give permission for photographing and videotaping for purposes described in the parent manual.

Yes No

<p>I give permission to Crystal City Community Daycare Inc. to apply Sunscreen SPF 30+ on my child during the season when children are at risk of skin damage from the sun. I am aware that the Centre will post signs letting me know of this action in advance of the season.</p>	<p>Yes No</p>
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<p>I give permission to the Crystal City Community Daycare Inc. to apply insect repellent on my child during the season when children are at risk of insect bites. I am aware that the Centre will post signs letting me know of this action in advance of the season.</p>	<p>Yes No</p>
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Emergency Medical Transportation and Treatment

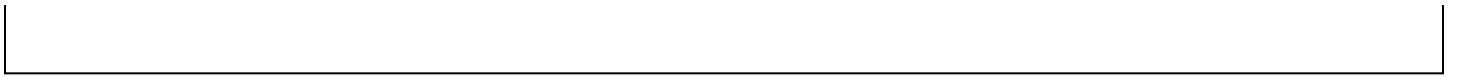
If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the childcare centre to take whatever emergency measures thought necessary for the protection of my child while in the care of the childcare centre. I give permission for my child to receive medical attention thought necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the centre will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

The daycare will not be responsible for anything that may happen because of false information given at the time of enrollment or by any information not updated by the parent or guardian.

<p>_____</p>	<p>_____</p>
<p>Date</p>	<p>Date</p>
<p>_____</p>	<p>_____ Sign</p>
<p>Signature</p>	<p>ature</p>
<p>_____</p> <p>Parent name (please print)</p>	<p>_____</p> <p>Parent name (please print)</p>

For centre use: Registration Date: _____ Enrolment Date: _____

Withdrawal Date: _____



This information is available in alternative formats on request. Please contact the Executive Director at 204-873-2060.