

Nursery Registration Form

General Information

Child's Name _____
First Name Middle Name Last Name

Sex (circle) M F Weight _____ Height _____

Date of Birth _____ / _____ / _____ School your child will be attending _____
Year Month Day

Exceptional Needs / Special Social Needs & Subsidy

Subsidy Number _____ Subsidy Start _____ Date Subsidy Expiry Date _____
(YY / MM / DD) (YY / MM / DD)

Restrictions _____

Family Plan (circle) Applicable N/A File by _____

Divorced / Separated

1. Is this child permitted access by the other parent? NO YES
2. Is there a restraining order/custody order in place? NO YES

If YES, please provide us with a copy so that it may be enforced if necessary.

I have spoken with the Site Manager regarding this issue and acknowledge discussion/receipt of copy of Child Day Care Protocol Understanding Custody Arrangements and Court Orders Issued by the Criminal or Family Law Courts.

Date _____ / _____ / _____ Signature _____
Year Month Day

MACCPF Sites offering Nursery

Site Name (circle) Dr. D.W. Penner (Ph.982-6687) Victor H.L. Wyatt (Ph.982-6682)

Fee Payer (circle) Mother Father Other _____

Subsidy (circle) Ineligible Applied Approved: Copy Provided

Start Date _____ Withdrawal Date _____
(YY / MM / DD) (YY / MM / DD)

Staff Use – Fee per session / Session 1 (Sept-Dec) Session 2 (Jan-Mar) Session 3 (Apr-June)

\$206.⁸⁰ Rec'd by _____ Cheque # _____ Date _____
(YY / MM / DD)

Contacts (Parent / Guardian)

Contact Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Home Phone _____ Cell Phone _____

Work Phone _____ Pager _____

Email _____ Email _____

Occupation _____ Employer _____

Employer Address _____
Street City Province Postal Code

Days & Hours Worked _____

Relationship to Child _____ Primary Caregiver (circle) YES NO

Circle all relevant Emergency Contact Lives With Pick Up Authority Restraining Order

Contacts (Parent / Guardian)

Contact Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Home Phone _____ Cell Phone _____

Work Phone _____ Pager _____

Email _____ Email _____

Occupation _____ Employer _____

Employer Address _____
Street City Province Postal Code

Days & Hours Worked _____

Relationship to Child _____ Primary Caregiver (circle) YES NO

Circle all relevant Emergency Contact Lives With Pick Up Authority Restraining Order

Siblings

Sibling Name _____
First Name Middle Name Last Name

Sibling Name _____
First Name Middle Name Last Name

Sibling Name _____
First Name Middle Name Last Name

Health & Medical Information

MHSC No. _____ Individual No. _____ Health Plan No. _____

Allergies / Medical Conditions _____

Diagnosis Agency _____ Date of Diagnosis _____ Agency Involved (circle) YES NO
(YY / MM / DD)

Exceptional Needs Diagnosis _____

Tested for Senses (circle) YES NO Required Treatment _____

Treatment Details _____

Other Information _____

Family Physician

Physician Name _____
First Name Middle Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Province Postal Code

Home Phone _____ Work Phone _____

Fax _____ Email _____

Comment _____

Growth & Development

Eating Habits

Food Dislikes

Languages Spoken

Dominant Hand

Nap Information

Dressing Help Info

Toilet Help Info

Favorite Activity

Playing Habits

Playing Difficulties

Friends

Previous Care

Current Discipline

Other Information

The following release forms refer to my child _____ Site: _____

Illness / Emergency Release

I hereby give my consent to have my child receive any required medical care at a Winnipeg Hospital. I am aware that an ambulance will be called and my child will be taken to the nearest hospital (at the ambulance driver's discretion). I am also aware that my child/ren will be accompanied to the hospital by an authorized employee of Morrow Avenue Child Care Programs, Inc.

Date _____ Signature _____

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.

Date _____ Signature _____

Sunscreen

I hereby authorize the Centre to apply Sunscreen SPF 30+ on my child during the season when children are at risk from the sun. I am aware that the Centre will post signs notifying me of this action in advance of the season.

Date _____ Signature _____

Insect Repellent

I hereby authorize the Centre to apply Skintastic by OFF as an insect repellent on my child during the season when children are at risk from insect bites. I am aware that the Centre will post signs notifying me of this action in advance of the season.

Date _____ Signature _____

Field Trips

I hereby give permission for my child to attend planned as well as spontaneous field trips with the centre. 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.). Parents will always be contacted by phone for verbal permission and this will be noted in the communication book. I am aware that I have a right to withdraw my child from attending an outing and if so, the Centre will make every attempt to offer alternate care at another MACCPF site.

Date _____ Signature _____

Photography / Video

I hereby give permission for my child to be photographed for display in the Centre ONLY. I am aware that I can refuse this request.

Date _____ Signature _____

Release of Information to the Parent Board

For the purpose of organizing events (parties, board meetings, etc.) I authorize the Centre to release my phone number to a delegate of the Board of Directors.

Date _____ Signature _____

Sharing of Information

In the interest of promoting optimum development of my child, I consent to the sharing of information, related to my child, between the Centre and _____ School.

Date _____ Signature _____

Practicum

I give permission for my child to be observed by students in fields relevant to the field of child care. These observations will be kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by the Centre.

Date _____ Signature _____

Withdrawal

I am aware that I must provide the Centre with two (2) weeks' notice before withdrawing my child. If I fail to do this, I will assume the responsibility of paying two (2) weeks of fees and I will forfeit my deposit.

Date _____ Signature _____

Newsletter / Calendar

I would like to receive the Center's monthly newsletter/calendar via E-mail, letting me know of special up-coming events and activities that my child is involved in. My E-mail is _____.

Date _____ Signature _____

Please fill out the Emergency Cards below:

Emergency Card			Site:
Child's Name _____	_____	_____	_____
First Name	Middle Name	Last Name	(DD / MM / YY)
Mother's Name _____	Home Phone _____	Cell _____	
Address _____	Email _____		
Work/School _____	Work/School Phone _____	Ext. _____	
Work/School Address _____			
Father's Name _____	Home Phone _____	Cell _____	
Address _____	Email _____		
Work/School _____	Work/School Phone _____	Ext. _____	
Work/School Address _____			

Medical Information	
Doctor/Clinic _____	Phone _____
MHSC# _____	Personal Identification # _____
Allergies _____	

Emergency Contacts	
Name _____	Home Phone _____
Work/School Phone _____	Cell _____
Address _____	Email _____

Emergency Contacts	
Name _____	Home Phone _____
Work/School Phone _____	Cell _____
Address _____	Email _____