

# Registration Form

Revised September 25 2011

## General Information

Child's Name \_\_\_\_\_  
First Name Middle Name Last Name

Sex (circle) M F Weight \_\_\_\_\_ Height \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_  
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 Programs & Sites

Site Name (circle)  
 Archwood Centre 24/7 Dr. D.W. Penner Glenwood Hastings Lavallee West MAG Rene Deleurme Victor Wyatt

Program (circle)  
 Infant Preschool Nursery Kinder AM / PM School Age Grade \_\_\_\_\_ Room \_\_\_\_\_

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 – Deposit & Registration Fee

\$100 Refundable Security Deposit Rec'd by \_\_\_\_\_ Chq # \_\_\_\_\_ Date \_\_\_\_\_

\$25 Non-Refundable Reg. Fee Rec'd by \_\_\_\_\_ Chq # \_\_\_\_\_ Date \_\_\_\_\_

### Contacts (Parent / Guardian)

Contact Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street City Province Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work/School Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Employer /School 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/School Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Employer /School 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

### Other Contact

Contact Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street City Province Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Employer /School 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

### Other Contact

Contact Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street City Province Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Employer /School 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/clinic Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Province Postal Code

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_



## Growth & Development

Eating Habits

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Food Dislikes

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Languages Spoken

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Dominant Hand

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Nap Information

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Dressing Help Info

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Toilet Help Info

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Favorite Activity

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Playing Habits

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Playing Difficulties

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Friends

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Previous Care

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Current Discipline

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Other Information

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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 (May 1<sup>st</sup> – September 1<sup>st</sup>). 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 \_\_\_\_\_

### Supervision of School Age Children

I understand that as a means of recognizing the independence of Kindergarten and School Age Children, the staff do not accompany them to the washroom and/or other rooms within the building that houses the Centre.

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 \_\_\_\_\_

### Policy Agreement

1. I understand that if I fail to meet with any or all conditions as set out in the Parent Policy and Hand Book, provide false or misleading information, or fail to pay the required family contribution to a child care facility. I can be disqualified from receiving any Manitoba Early Learning and Child Care subsidy and shall, upon request by the Government of Manitoba, be required to repay in whole or in part any subsidy paid on my behalf related to this or any previous Manitoba Child Care subsidy application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

2. I have read and understand all of the policies outlined in the Parent Policy, Privacy Policy and Code of Conduct for Morrow Avenue Day Care Inc. o/a Morrow Avenue Child Care Programs for Families and do hereby agree to abide by all of the policies stated therein.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Site \_\_\_\_\_ Staff Signature \_\_\_\_\_

**Parent Education Verification (If Employed, see Employment Verification Form)**

Parent Student Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name of School or Training Programs \_\_\_\_\_

Type of Courses / Training Program \_\_\_\_\_

**School / Training**

Indicate the start and end time on each day the student regularly attends class.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Additional Comments:

**Authorization**

Authorized signature of Educational Institute: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Parent Employment Verification (If attending School/Training see Parent Education Verification form)**

Employee Name \_\_\_\_\_ First Date Worked \_\_\_\_\_

**Work Schedule**

Indicate the start and end time on each day the employee regularly works.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

*If the employee is not scheduled for regular hours of work each day, please attach a shift schedule.*

**Employer Contact Information**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City / Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

Additional Comments:

Please fill out the Emergency Cards below:

Emergency Card		Site:	Updated on:
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 & Relationship to Child _____	Home Phone _____
Cell Phone _____	Address _____
Employer/School (& address) _____	Employer/School Phone _____
Check all relevant:	Emergency Contact      Lives With      Pick Up Authority      Restraining Order

**Emergency Contacts**

Name & Relationship to Child _____	Home Phone _____
Cell Phone _____	Address _____
Employer/School (& address) _____	Employer/School Phone _____
Check all relevant:	Emergency Contact      Lives With      Pick Up Authority      Restraining Order

**Comments**
