



Child Care Registration Form

Child's Information

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____
(Street number) (Apt. #) (City) (Postal code)

Phone Number: _____ School: _____ Grade _____

Family Information *Please include postal codes*

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____
(If different from above) (If different from above)

Phone Number: _____ Phone Number: _____
(If different from above) (If different from above)

Email Address: _____ Email Address: _____

Parent Employer: _____ Parent Employer: _____

Business Address: _____ Business Address: _____

Business Phone Number: _____ Business Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Emergency Contact Person (other than parent)

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Relationship to Child: _____ Relationship to Child: _____

Other Persons to Whom your Child May Be Released (including parents) ** you give permission for the people listed below to pick your child up **

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Medical Information

Please indicate if any of the following Communicable Diseases your child has had:

Measles _____ Chicken Pox _____ Whooping Cough _____ Intestinal Disease _____ Meningitis _____ Other _____

Has this child any conditions requiring medical attention that the staff / provider should be aware of? (i.e. epilepsy, diabetes, allergies, special requirements for diet, rest, exercise) Please attach written instructions if necessary.

Please provide any further information concerning your Child / Family that the Staff should be made aware of (please attach additional instructions if necessary)

Parent's Signature: _____ Date: _____

Start Date: _____

Discharge Date: _____

Type of care Requesting

Days & hours of care:

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

FDK & School-Age children only

Will you be requiring care on PA Days and School Holidays (March Break, Christmas, Summer Care) Yes No

Comments:

Consents

NORTHERN LIGHTS CHILDREN'S DAYCARE CENTRE WALKING TRIP CONSENT

I hereby give my consent to let my child go on any casual or spontaneous walking trips from the child care, under proper supervision, and release any staff from liability for any injury or accident that may be incurred by my child while participating in the child care program.

This will include community walks (15 minutes from the child care) to the Library and around the subdivision

NOTE: Any trips that should require transportation by bus, you will be notified and a separate permission form will be signed.

Signature or Parent/Guardian: _____

CONSENT FOR PHOTOS

For advertising and promotional events, often your child's photo may be taken and appear in local papers and at events that the Centre participates in. Please sign below giving permission for the Centre to include your child in these events.

Signature of Parents/Guardian _____

CONSENT FOR SUNSCREEN

The daycare provides the children with Sunscreen, which is applied every time children are outdoors. Please sign below giving permission for the Centre to apply Ombrell Sunscreen to your child.

Signature of Parents/Guardian _____

CONSENT FOR DAYCARE WEBSITE and FACEBOOK

The childcare uses photographs of children participating in the program to enhance the website and share experiences on our Facebook Page. By signing below you are giving Northern Lights Children's Daycare Centre permission to use your child's picture. Please be aware that at no time is the picture share with anyone other than the purposes listed above.

You are giving permission for your child's picture to be posted on:

| | | |
|----------|-----|----|
| Website | Yes | No |
| Facebook | Yes | No |

Signature of Parent/Guardian _____