



CHILD CARE REGISTRATION FORM

Program Name: _____ Date: _____

CHILD INFORMATION

Childs Name: _____
Full Name

Address: _____
Number Street City Province Postal Code

Gender: _____ Birthday: _____
day / month / year

Principal Home Language: _____

Name(s) of people to whom the child may be released: _____

PARENT INFORMATION

Name of Parent/Guardian: _____ Local: _____

Address (if different from above): _____
Number Street City Province Postal Code

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

MEDICAL INFORMATION

Child's health card number and initials: _____

Is your child receiving any medication on an ongoing basis? Yes No

If yes, descrobe what medication is for and times it needs to be taken: _____

Does your child suffer from any medical conditions such as allergies, asthma, and disease? Yes No

If yes, please list and explain in detail the medical conditions:

Does your child have any dietary restrictions?: Yes No

If yes, please explain: _____

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Asperger Sundrome, Cerebral Palsy? Yes No

If yes, please list and explain in detail the special need: _____

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain her/his safety and the safety of the other children? Yes No

If yes, please list and explain in detail the behavioural issues/concerns: _____

Is your child physically able to take part in all program activities? Yes No

If no, please list restrictions: _____

CONSENT

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km radius from Unifor Child Care facility in Port Elgin or the city the program is taking place in? Yes No

In the case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s):

A. In the event of a medical emergency do you hereby grant permission for the staff of Unifor Child Care Services who are trained in emergency first aid and CPR to attend to your child? Yes No

B. In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Unifor Child Care Service to hospitalize and/or secure proper treatment for your child? Yes No

The Unifor Child Care Service is a high profile program, do you hereby grant permission for your son/daughter/ward to be taped or photographed by pul Yes No

Signature of Parent/Guardian

Date: