UNIFOR | CHILD CARE SERVICES
SERVICES DE GARDE

Unifor Family Education Centre | 115 Shipley Ave. | Port Elgin | ON | N0H 2C5
Telephone: 519.389.3233 | Facsimile: 519.389.3222 | Email: fecchildcare@unifor.org

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 public media or Unifor Public Relations. Yes ☐ No ☐

_____ _____

Signature of Parent/Guardian Date: