

**REGISTRATION FORM**

General Information				
Child Name				
	First Name	Last Name	Middle Name	
Nick Name			Weight	Height
Sex (circle)	M	F	Date of Birth	School
			mm/dd/yyyy	Name
				Grade
Special Needs and Subsidy Information				
Subsidy Number			Subsidy Start Date	Subsidy Expiry Date
			mm/dd/yyyy	mm/dd/yyyy
Restrictions				
Program				
Program (circle)	RCSCC			
Facility Start Date				
	mm/dd/yyyy			
Contacts ( Parent/Guardian)				
Contact Name				
	First Name	Last Name		
Address				
	Street	City	Prov.	Postal Code
Home Telephone		Comments		
Work Telephone		Comments		
Alternate Telephone		Comments		
Alternate Telephone		Comments		
E-mail				
Occupation			Employer Name	
Employer Address				
	Street	City	Prov.	Postal Code
Days & Hours Worked				
Relationship			Primary Caregiver(circle)	YES    NO
Circle all relevant	Emergency Contact	Lives With	Pick Up Authority	Restraining Order
Comment				

**Contacts ( Parent/Guardian)**

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days &amp; Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

**Other Contact**

Contact Name

First Name

Last Name

Address

Street

City

Prov.

Postal Code

Home Telephone

Comments

Work Telephone

Comments

Alternate Telephone

Comments

Alternate Telephone

Comments

E-mail

Occupation

Employer Name

Employer Address

Street

City

Prov.

Postal Code

Days &amp; Hours Worked

Relationship

Primary Caregiver(circle)

YES

NO

Circle all relevant

Emergency Contact

Lives With

Pick Up Authority

Restraining Order

Comment

**Other Contact**

Contact Name	_____			
	First Name	Last Name		
Address	_____			
	Street	City	Prov.	Postal Code
Home Telephone	_____	Comments	_____	
Work Telephone	_____	Comments	_____	
Alternate Telephone	_____	Comments	_____	
Alternate Telephone	_____	Comments	_____	
E-mail	_____			
Occupation	_____	Employer Name	_____	
Employer Address	_____			
	Street	City	Prov.	Postal Code
Days & Hours Worked	_____			
Relationship	_____	Primary Caregiver(circle)	YES	NO
Circle all relevant	Emergency Contact	Lives With	Pick Up Authority	Restraining Order
Comment	_____			

**Siblings**

Sibling Name	_____		
	First Name	Last Name	Program
Sibling Name	_____		
	First Name	Last Name	Program
Sibling Name	_____		
	First Name	Last Name	Program

**Health & Medical Information**

Health No.	_____	PHN No.	_____	Health Plan No.	_____
Allergies/Medical Conditions	_____				
Diagnosis Agency	_____	Date of Diagnosis	_____	Agency Involved(circle)	YES NO
			mm/dd/yyyy		
Special Needs Diagnosis	_____				
	_____				
Tested for Senses (circle)	YES	NO	Required Treatment	_____	
Treatment Details	_____				
Other Information	_____				
	_____				

**Family Physician**

Physician Name \_\_\_\_\_  
title First Name Last Name

Agency Name \_\_\_\_\_ Position \_\_\_\_\_ Field of Expertise \_\_\_\_\_

Address \_\_\_\_\_  
Street City Prov. Postal Code

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

**Other Consultant, Physician, Therapist, Dentist**

Physician Name \_\_\_\_\_  
title First Name Last Name

Agency Name \_\_\_\_\_ Position \_\_\_\_\_ Field of Expertise \_\_\_\_\_

Address \_\_\_\_\_  
Street City Prov. Postal Code

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

**Enter Schedule, if child is to attend more then one time per day use additional lines**

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_ Days (circle) S M T W TH F S

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_ Days (circle) S M T W TH F S

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_ Days (circle) S M T W TH F S

Additional Information \_\_\_\_\_  
 \_\_\_\_\_

**Emergency**

In case of an emergency where my child(ren) require(s) medical attention, I give permission for the RCS staff to call an ambulance. I acknowledge that it is my responsibility to pay for ambulance/medical fees. I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the Facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the Facility.

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

**Field Trips**

I give permission for my child to accompany the Facility on field trips. I understand that this includes excursions on foot, with staff vehicles or on public transportation. (ie. local parks/playgrounds; 7-11 stores; fire hall etc.).

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

**Insect Repellent**

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

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

**Media**

I give permission for members of the media, at the discretion of the director of the Facility, to take pictures/video of my child.

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 \_\_\_\_\_

**Photos**

I give permission for the Facility's staff to take pictures/videos of my child(ren) for Facility use only.

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

**Practicum**

I give permission for my child to be observed by students in fields relevant to the field of child care if these observations are kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by the Facility. Students and volunteers must have a criminal record check and are always supervised by the staff.

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

**Privacy Policy**

We hereby request your consent to disclose the collected information to Vari Tech Systems Inc. for the purpose of managing the software childcarepro on behalf of The Facility and in accordance with the Vari Tech Privacy Code. I understand that Vari Tech Systems Inc. will not disclose such personal information without my further consent unless required or permitted by law. For additional information about the Vari Tech Privacy Code, please visit [www.varitechsystems.com](http://www.varitechsystems.com) or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at [admin@childcarepro.ca](mailto:admin@childcarepro.ca).

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

**Release of Information**

I authorize the release of any information or records requested to the staff of the Facility. This information will generally be requested from the program the child is transferring from or other professionals that are or have been involved with the child.

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

**Sunscreen**

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Withdrawal**

I am aware that I must provide the Facility with one (1) months written notice before withdrawing my child. I am responsible for regular charges during the month of cancellation unless the Facility is able to fill the space immediately. If termination occurs during the last two months of the school year, I am responsible for charges for both months due to the difficulties in filling spaces late in the school year.

Date \_\_\_\_\_

Signature \_\_\_\_\_