



**REGISTRATION FORM FOR CHILD CARE**

|                                     |
|-------------------------------------|
| Child Care Facility:                |
| Full Name of Child:                 |
| Usual Name of Child [if different]: |

**PERSONAL INFORMATION**

|  |                                    |
|--|------------------------------------|
| Child's Date of Birth:                 | Gender:                            |
| Starting Date:                         |                                    |
| Address:                               |                                    |
| Postal Code:                           |                                    |
| Phone:                                 |                                    |
| Parent or Guardian:<br>Female [Mother] | Male [Father]:                     |
| Name:                                  | Name:                              |
| Address [if different from above]:     | Address [if different from above]: |
| Phone:                                 | Phone:                             |
| Work address/alternate location:       | Work address/alternate location:   |
| Phone [include local]:                 | Phone [include local]:             |
| Cellular/Pager:                        | Cellular/Pager:                    |
| Hours at this location:                | Hours at this location:            |

**PERSON(S) AUTHORIZED TO PICK UP CHILD:**

|       |               |        |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

**PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD:**

|       |               |        |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

**ALTERNATE PERSON(S) TO CALL IN CASE OF EMERGENCY:**

|       |               |        |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

**EMERGENCY HEALTH INFORMATION**

Care Card Number:

Family Doctor:  
Name:

Address: Phone:

**CHILD'S IMMUNIZATION HISTORY (Please record dates [year/month/day] of immunization)**

Birth Date:

| Diphtheria | Pertussis | Tetanus | Polio | Measles | Mumps | Rubella |
|------------|-----------|---------|-------|---------|-------|---------|
| 1.         | 1.        | 1.      | 1.    | 1.      | 1.    | 1.      |
| 2.         | 2.        | 2.      | 2.    | 2.      | 2.    | 2.      |
| 3.         | 3.        | 3.      | 3.    |         |       |         |
| 4.         | 4.        | 4.      | 4.    |         |       |         |
| 5.         | 5.        | 5.      | 5.    |         |       |         |

**CUSTODY AGREEMENT**

If applicable, please describe:

**HEALTH INFORMATION [Please attach a separate sheet, if necessary]**

Medication[s] and reasons for [please list]:

Allergie[s] and treatment of [please list]:

Accident[s], illness(es) or operations your child has had and include date(s):

Please describe any concerns you may have regards your child's development [ie. Behavior, vision, hearing, speech, language, etc.]:



### Immunization Record Declaration

Community Care Facilities (CCF) licensed to provide care to children or youth are required to have a copy of the immunization Record on file for each person in care in the event that an outbreak of a communicable disease should occur. This information will assist in the immediate exclusion of those who are unimmunized.

In recent years, CCF's appear to be having difficulty in acquiring a copy of the Immunization Record from families and facilities are being coded for being in non-compliance with the legislation.

Although licensing expects a copy of the immunization record to be on file for each person in care, this form has been provided to:

- assist in identifying those children who are not fully immunized and
- assist CCF's in meeting Section 21(1) (a) of the Child Care Licensing Regulation.

To be completed by Parent/Guardian:

\_\_\_\_\_ Child's/Youth's Name \_\_\_\_\_ Date of Birth

Complete Immunization:

Written Proof of vaccinations attached

Written Proof of vaccinations unavailable

Received immunization in:

\_\_\_\_\_ Year of last Vaccine \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ (If not in Canada, include country)

Incomplete Immunization:

My child has had some vaccinations

My child has no Vaccinations

I do not know

|                                   |       |
|-----------------------------------|-------|
| Parent's/Guardian's Printed Name: | Date: |
| Parent's/Guardian's Signature:    |       |

# PERMISSION FORM FOR HORSE RIDING AND FOR MINIATURE RIDE-ON TRAIN

## Ride-On Train Policy

- Miniature train has been designed and engineered to meet appropriate safety standards
- seat belts and helmets must be worn by all children riding the train
- only properly trained adults will be permitted to drive the train

## Horse Riding Policy

- all children will wear helmets while riding the horse
- only properly trained adults will supervise the leading of the horse, while a child is on its back
- the utmost care will be taken to ensure the children's safety
- riding will take place on the property only (no road riding) and will be situated apart from other activities

**BIG MIKE'S FUN FARM INC. WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS OR INJURIES TO CHILDREN WHILE RIDING THE HORSE**

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to ride the horse and the miniature train while he/she is in the care of The Fun Farm Daycare. I will not hold Leslie Dendys or Big Mike's Fun Farm Inc. responsible for accidents or injuries to my child/children while riding either the horse or the train.

Signed: \_\_\_\_\_

## PHOTO PERMISSION

I \_\_\_\_\_ give permission for my child to have his/her picture taken while at the Centre. I understand that these pictures may be posted at the Centre, or used for advertising purposes.

Signed: \_\_\_\_\_



**BIG MIKE'S FUN FARM INC.**  
(Herein referred to as the Centre)  
**Parent – Centre Contract**

1. I agree to meet with the Supervisor before my child attends the Centre to exchange information and complete forms.
2. I agree to provide the Centre with post-dated cheques from September to August. If my child is unable to attend the Centre due to holidays or illness, I agree to pay full fees.
3. If it becomes necessary to withdraw my child, I agree to give one month's written notice from the first of the month, or to pay one month's fee in lieu of notice.
4. I agree to submit government subsidy authorizations, when applicable, by the beginning of each month. If six months of authorizations are supplied, I will leave them on file at the Centre. If I cannot supply the Centre with subsidy authorization forms by the first of the month, I agree to pay the fees owing until subsidy is in effect.
5. I agree to sign in my child upon arrival, giving an expected time of departure. I agree to initial the sign-in sheet when he/she leaves with me. I also agree to notify the Centre of any alternate arrangements for pick-up. I understand that the Centre is not authorized to permit my child to leave with an alternate without my permission.
6. I will not send my child to the Centre when, in my opinion or that of a Supervisor, he/she is ill. I have read and agree to the Health Policies of the Centre.
7. I understand that the Public Health Nurse visits the Centre on a regular basis. I authorize the Supervisor to share immunization records of my child with her, and to inform her of any health concerns regarding my child.
8. In the case of an emergency, I give permission for staff to contact my family doctor, a qualified physician, or an ambulance. I understand that I, or persons named on my Emergency Card, Will be contacted immediately.
9. I agree to keep all information regarding address, telephone numbers, place of employment, and alternate contacts on file at the Centre and up-to-date.
10. I give permission for my child to participate on field trips. I understand that these may involve transportation by automobile.
11. I have read the Parent Handbook and will support all policies and procedures of the Centre.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print one copy for your reference – Return second signed copy to the Centre