



## REGISTRATION FORM FOR CHILD CARE AND/OR PRESCHOOL CLASSES

Program Registered In:	Preschool Classes: <input type="checkbox"/> (√ or no)	
Days of the Week:		
Child Care Facility:		
Full Name of Child:		
Usual Name of Child [if different]:		
<b>PERSONAL INFORMATION</b>		
Child's Date of Birth:	Gender:	
Starting Date:		
Address:		
Postal Code:		
Phone:		
Parents or Guardians:		
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:	
<b>PERSON(S) AUTHORIZED TO PICK UP CHILD:</b>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
<b>PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD:</b>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
<b>ALTERNATE PERSON(S) TO CALL IN CASE OF EMERGENCY:</b>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

<b>EMERGENCY HEALTH INFORMATION</b>
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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]:						
Allergy[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 MINIATURE RIDE-ON TRAIN

### Ride-On Train Policy

- Miniature train has been designed and engineered to meet appropriate safety standards
- only properly trained adults will be permitted to drive the train

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
to ride 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 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, as well of an enrollment fee of \$100. If my child is unable to attend the Centre due to holidays or illness, I agree to pay full fees.
3. I agree to provide a \$100 non-refundable enrollment fee and a deposit at registration. The deposit consists of an advance payment of one month's fees that will be credited to the final month of care. The Fun Farm requires one calendar month's notice at time of withdrawal from child care services.  
*\*One month's notice means one full calendar month, and before the first of that month.*

**Example:**

*If a parent plans to withdraw a child from care in the month of June, then the Fun Farm must receive written notice by May 31 to be able to apply the deposit to the final month's fees (June).  
If withdrawal from care occurs mid-month, the following monthly fee will be due the Fun Farm.*

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 keep coloured copy for your reference and returned signed white copy of contract to the Centre.