

# Child Care Registration Form - Leahurst Site

## NORTH GRENVILLE CO-OPERATIVE PRE-SCHOOL AND LEARNING CENTRE

*(For official use)*

**Indicate days that child care is required:** *(Priority will be given to full time requirements)*

- |   |   |
|---|---|
| <input type="checkbox"/> M/W/altF & B/A - (5 day/wk)  | <input type="checkbox"/> Part Time - <i>(Before and After School - please circle)</i>   |
| <input type="checkbox"/> T/TH/altF & B/A - (5 day/wk) | <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri |
| <input type="checkbox"/> M/W/altF - only              | B   A   B   A   B   A   B   A   B   A   |
| <input type="checkbox"/> T/TH/altF - only             |   |

**Start Date:**

**Discharge Date:**

Summer Program *(fill in calendar to indicate days required)*      Name of school attending:

Child's name:		Birth date:	
Address:		<i>year   month   day</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Prov.	Postal code	Family E-mail address:

<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Partner
Name:			
Address:			
		Prov.	Postal Code
Home Phone:	Business phone:	Cell #:	Occupation:
Business Name and Address:			

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Partner
Name:			
Address:			
		Prov.	Postal Code
Home Phone:	Business phone:	Cell #:	Occupation:
Business Name and Address:			

Siblings: <i>(names and ages)</i>	Individuals authorized to pick up child: <i>(name and phone)</i>

Any individual(s) NOT PERMITTED to pick up your child? *(If yes, name and if necessary, provide a photo)*

Emergency Contacts:	Phone	Address:	Relationship

Doctor's name:		Address:	
Phone:	Health card #: (optional)	Name on Health card:	
Allergies:( <i>food, medication, environment</i> ) ( <i>Describe reaction</i> )			
Health Problems:			
Medications:			
Immunization record attached <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If no, record must be submitted prior to the child attending the program</i> )			
Is there reason to be exempt from immunization? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>If yes, exemption form to be completed and attached</i> )			
<i>Previous communicable diseases</i> (red measles, mumps, German measles, etc.)			
1.	year	3.	year
2.	year	4.	year
Special Diet: ( <i>if yes, explain</i> )			
Special condition: ( <i>seizures, bee stings, diabetes, bleeding disorders, other – please explain</i> )			
Does your child have special needs?		<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>if yes, explain</i> )	
Previous group experience? <input type="checkbox"/> Nursery School <input type="checkbox"/> Sunday School <input type="checkbox"/> Daycare <input type="checkbox"/> Playgroup <input type="checkbox"/> Other ( <i>describe</i> )			
What to you want to achieve from this program?			
Play activities/materials liked by your child: <input type="checkbox"/> outside play <input type="checkbox"/> blocks <input type="checkbox"/> art <input type="checkbox"/> books <input type="checkbox"/> puzzles <input type="checkbox"/> active play <input type="checkbox"/> music <input type="checkbox"/> other( <i>describe</i> )			
Favourite Toy(s):		Pet(s) at Home: ( <i>type and name</i> )	
Favourite T.V. Show(s):			
Food dislikes:		Good eater? <input type="checkbox"/> Yes <input type="checkbox"/> No Can dress them self? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>comments?</i> )			
Describe sleeping and nap routines:			
How does your child spend their time away from pre-school program?			
Special circumstances? ( <i>new baby, move, adoption, illness etc</i> )			
Describe child's temperament:		Methods of discipline:	

- I grant permission for the N.G.C.P.L.C. to take whatever steps necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any costs incurred.
- I understand that I am responsible to deliver and announce my child upon arrival to the N.G.C.P.L.C..
- I grant permission for my child to leave the licensed program premises under the supervision of a teacher, for field trips, community walks etc. I understand that dated, time specific forms will be issued for each field trip.
- I grant permission for my child to use the play equipment and participate in all of the activities of the N.G.C.P.L.C program.
- I grant permission for my child's name and photographs to be included in the progress reports and evaluation, any newsletters and in media coverage for the purpose of publicity and coverage of the N.G.C.P.L.C. programs.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date