Logo, company name

Description automatically generated**SUMMER 2023**

**For Office Use Only**

Date of Admission:

Date of Discharge:

**REGISTRATION FORM**

Note: ‘Parent’ is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of their family and includes legal guardians.

Child Information

|  |  |  |
| --- | --- | --- |
| **Full Legal Name:** | | |
| **Preferred Name:** | | **Date of Birth (dd/mm/yyyy):** |
| **Home Address, including postal code:** | | |
| **Language(s) Spoken at Home:** | **Gender:**  F  M  Non-binary | |
| **Other children in the family enrolled in the program (list names, if applicable):** | | |

Parent 1 Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Cellphone Phone Number:** |
| **Home/Alternate Phone Number:** | **Email address:** |
| **Home Address:**  Same as Child | |
| **Work/School Name:** | **Work/School Telephone Number:** |
| **Work/School Address:** | |

Parent 2 Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Cellphone Phone Number:** |
| **Home/Alternate Phone Number:** | **Email address:** |
| **Home Address:**  Same as Child | |
| **Work/School Name:** | **Work/School Telephone Number:** |
| **Work/School Address:** | |

For Taxes Purpose, what name should be in the tax receipt?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody Arrangements (If applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s):

Name(s) of individuals prohibited from accessing/picking up your child:

Emergency Contacts (Different from the parents)

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

|  |  |  |
| --- | --- | --- |
| Emergency Contact #1 | Emergency Contact #2 | Emergency Contact #3 |
| Full Legal Name:  Preferred Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  Authorized to pick-up child | Full Legal Name:  Preferred Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  Authorized to pick-up child | Full Legal Name:  Preferred Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  Authorized to pick-up child |

Pick-Up Authorization (If different from the Emergency Contacts and Parents)

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

|  |  |  |
| --- | --- | --- |
| Full Legal Name | Relationship to Child | Primary Phone |
|  |  |  |
|  |  |  |

Additional Emergency Information:

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES  NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the childcare centre prior to the child’s first day of care.

Health Card Number: Exp. Date:

Doctor's Name: Doctor's Phone Number:

Immunization Records

Please provide a copy of your child’s immunization record (e.g., yellow card) to the centre prior to your child’s first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a Statement of Medical Exemption form or a Statement of Conscious or Religious Belief form must be completed and provided to the centre. These forms are available on the Ministry of Education’s website.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the childcare centre prior to the child’s start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

**Dietary Arrangements**

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Physical Requirements  
Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

|  |
| --- |
|  |

Brant Street Daycare goes for neighbourhood walks regularly. By signing this registration form, you allow your child to participate in neighbourhood walks with the daycare. When going for a walk, ratios will be kept as per the Ministry of Education, emergency equipment and children’s contacts will be available, and each group will carry a cellphone for communication.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Staff Name |  | Staff Signature |  | Date (dd/mm/yyyy) |

Authorization for Non-Prescription Skin Products

The following **non-prescription** items may be applied to my child in accordance with the manufacturer’s instructions on the original container:

Sunscreen  Lip balm Hand sanitizers Insect repellent Lotions

|  |
| --- |
| Parent has agreed to provide: |
|  |
|  |
|  |
|  |
|  |

Note 1: Please, add the brand name of the non-prescription items for transparency.

Note 2: The daycare will provide hand sanitizer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (dd/mm/yyyy) Signature of Parent

**List of Reportable Diseases**

|  |  |  |  |
| --- | --- | --- | --- |
| Acquired immunodeficiency syndrome (AIDS) | Chancroid | Chlamydia trachomatis infections | Creutzfeldt-Jakob disease, all types |
| Cytomegalovirus infection, congenital | Encephalitis | Gonorrhea | Hemorrhagic fevers |
| Hepatitis B | Hepatitis C | Influenza | Legionellosis |
| Leprosy | Meningitis, acute | Ophthalmia neonatorum | Personal service settings |
| Respiratory infections, including institutional outbreaks | Severe acute respiratory syndrome (SARS) | Streptococcal infections | Syphilis |
| Tuberculosis | COVID-19 and its variants |  |  |

Weeks Enrolling for Summer 2023

* Please, check all weeks that your child will be enrolled.

|  |  |
| --- | --- |
| Weeks – Themes - Cost |  |
| Week 1 – AROUND THE WORLD  July 4 to July 7 – KG $142.65; SA $300.00 |  |
| Week 2 – FAVOURITE CHARACTERS  July 10 to July 14 – KG $142.65; SA $300.00 |  |
| Week 3 - GAMEMANIA  July 17 to July 21 – KG $142.65; SA $300.00 |  |
| Week 4 - NATURE  July 24 to July 28 – KG $142.65; SA $300.00 |  |
| Week 5 – BSD CHEFS – COOKING WEEK  Jul 31 to Aug 4 – KG $142.65; SA $300.00 |  |
| Week 6 - SPACE  Aug 8 to Aug 11 (Closed Aug 7th) – KG $114.12; SA $240.00 |  |
| Week 7 – I LIKE TO MOVE IT, MOVE IT!  Aug 14 to Aug 18 – KG $142.65; SA $300.00 |  |
| Week 8 – ARTS AND DRAMA  Aug 21 to Aug 25 – KG $142.65; SA $300.00 |  |

KG = Kindergarten (JK and SK); SA = School Age (Gr 1 to 6)

Fees include AM snack, Lunch and PM snack.

NOTE 1: Summer Program must be paid in full by May 1st, 2023, to guarantee your spot.

NOTE 2: Cancelations requested after June 1st, 2023, are NOT eligible for refund.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Received by |  | Signature |  | Date (dd/mm/yyyy) |