CHILD CARE REGISTRATION FORM (Include a photo of child)

FACILITY NAME OF FACILITY		DATE OF ENROLLMENT	YYYY/MM/DD
CHILD			I YEAR GAVE RESS.
NAME OF CHILD			
SURNAME	GIVEN	MID	DLE NAME
NAME CHILD RESPONDS TO		SEX: □ M □ F	
ADDRESS			
DATE OF BIRTH YYYY/MM/DD FIRST DAY OF ATTE	NDANCE Y	YY/MM/DD END DATE Y	YYY/MM/DD
PARENT/GUARDIAN			
NAME DI ACE OF WORK	DIIONE		
PLACE OF WORK HOME ADDRESS	PHONE	LOCAL	Walt
POSTAL CODE	PHONE E-MAIL	HOURS OF V	VORK_
NAME			- Annaya I
PLACE OF WORK	PHONE	LOCAL	
HOME ADDRESS POSTAL CODE	PHONE	HOURS OF V	VORK
OSTAL CODE	E-MAIL	ADDRESS	
AUDICAL INFORMATION			
MEDICAL INFORMATION AMILY DOCTOR		PHONE	
MEDICAL INSURANCE PLAN NUMBER			YYY/MM/DD
ALTERNATE PERSON TO CALL/PICK-UP CHILD	IN CASE OF		
NAME	RELATIC		ONE
IAME	RELATIC	ONSHIP PHO	NE
PERSONS (OTHER THAN PARENT/GUARDIAN AN UP CHILD FROM FACILITY NAME	PHONE	ENCY CONTACTS) AUTHO	PRIZED TO PICE
IAME IAME	PHONE		
AME	PHONE	The state of the s	
ERSONS NOT PERMITTED ACCESS TO CHILD	PHONE		
IAME	PHONE		
RE THERE CUSTODY ORDERS?	□ NO	IF YES, ATTACH DOCUMENT	ATION
AMES OF OTHER CHILDREN LIVING AT HOME		a ibo, mimen bocowing	ATION
AME AME		BIRTH YYYY/MM/M)	
AME	DATE OF	BIRTH YYYY/MM/DD	
IAS CHILD HAD PREVIOUS EXPERIENCE AWAY CHOOL, ETC.) F YES, EXPLAIN:		☐ YES ☐	
/HERE?		DATES OF ATTENDANCE:	(NET 145/53) 18 18 18
O YOU THINK YOUR CHILD FEELS COMFORTABLE LEA XPLAIN:	AVING PAREI	NTS?	
ugust 2018			Page 1 of 2

ANY ALLERGIES? YES	F YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION WHAT IS THE CHILD'S EATING HABIT? AVORITE FOODS: STRONG DISLIKES: BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN (ATTACH IMMUNIZATION RECORD) - OR RECORD THE DATES) First Visit – two months of age: Diphtheria
F YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION WHAT IS THE CHILD'S EATING HABIT? AVORITE FOODS: TRONG DISLIKES: BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN (ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES) First Visit – two months of age: 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	F YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION WHAT IS THE CHILD'S EATING HABIT? AVORITE FOODS: STRONG DISLIKES: BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN (ATTACH IMMUNIZATION RECORD) - OR RECORD THE DATES) First Visit – two months of age: Diphtheria
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BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN (ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES) First Visit - two months of age: YYY / MM / DD Fourth Visit - 12 months of age: YYY / MM / DD Diphtheria	BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN (ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES) First Visit – two months of age: Diphtheria Pertussis Rubella Polio Haemophilus Influenza Type b (hib) Pertussis Pertussis Pertussis Pertussis Pertussis Pertussis Second Visit – two months after first visit: Pertussis Polio Pertussis Pertussis Polio Pertussis Polio Pertussis Polio Pertussis Polio Pertussis Polio Pretussis Pretunus Diphtheria Polio Pretussis Pretussis Polio Pretussis
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	☐ Hepatitis B YYYY / MM / DD
□ Pneumococcal Conjugate YYYY/MM/DD	
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August 2018

North Cedar Before and After School Care Programs Corporation

Parent Contract

	Park Avenue	Pauline Haarer
	Cilaire	McGirr
	Frank J Ney	Departure bay
	Laughing	g Kids Camp
[,		agree to enroll my child/ren,
		in the
pefore and after school care	program. My child/ren	will attend the program (please circle):
Full-time Part-time	e Drop-in I	Laughing Kids Camp
		month, and are due on the first of each month; unless k up person, is late to pick up my child/ren, late fees of
I also agree to the	•	es outlined in the NCBASP policies and es handbook.
This contract is legal and bi	inding until my child/ren	n is/are withdrawn from the NCBASP program.
Managers Name		Managers Signature
Parent/Guardian Name		Parent/Guardian Signature

Date

North Cedar Before and After School Care Programs Corporation

Consent Form

Park Avenue Pauline Haarer
Cilaire McGirr

Frank J Ney Departure bay

Laughing Kids Camp

1,	give permission for my
child/ren,	,
to participate, as part of the NCBASP pro	ogram, in supervised group outdoor activities on, or off,
school grounds. I also authorize caregive	ers (at any of the above facilities) to obtain any of the
following services for the above child/rea	n as necessary: Physician and/or Ambulance in the event
of an emergency.	
This contract is legal and binding until m program.	ny child/ren is/are withdrawn from the NCBASP
Managers Name	Managers Signature
Parent/Guardian Name	Parent/Guardian Signature
 Date	_

North Cedar Before and After School Care Programs Corporation

Pick Up Policy

Park Avenue Pauline Haarer

Cilaire McGirr

Frank J Ney Departure bay

Laughing Kids Camp

Any child enrolled in the above programs will not be released into the care of any persons who are not documented on the registration forms. If any additions need to be made to forms involving your child/ren please inform the manager of the facility in which your child/ren is/are registered. Children are to be picked up at the specified time by the parent, guardian, or alternate. NO ACCEPTIONS to this policy will be considered unless previous arrangements have been made in writing or in a text message to the manager of the facility.

In the event that the person picking up the child/ren is incapable of providing "safe care" the pickup person will be encouraged to leave the child/ren in care until and alternate person listed on the registration form can be contacted for pick up. If there is not another individual/s that are available for pick up, then the child/ren will remain in care until other arrangements can be made. In the event that the parent, guardian, or pick up person chooses to remove the child/ren from the facility and the child care provider feels the child/ren is/are at risk; or if in the event no one comes to pick up the child/ren, the Ministry of Children and Families and/or the RCMP will be contacted.

This letter has been written to ensure the safety of your child/ren, the staff of our program, and the facility. Please sign this letter in acknowledgment and return it to the manager of the facility to be placed in your child/ren's file.

Thank-you.

This contract is legal and binding until	my child/ren is/are withdrawn from the NCBASP program.
Managers Name	Managers Signature
Parent/Guardian Name	Parent/Guardian Signature
 Date	<u> </u>

North Cedar Before and After School Care Programs Corporation

Media Authorization Form

Park Avenue Pauline Haarer

Cilaire McGirr

Frank J Ney Departure bay

Laughing Kids Camp

There will be times when staff members will take photos and/or videos of fun activities or field trips the children take part in. These will be uploaded to our Facebook page and website for everyone to enjoy and for those considering the program to see what we do. These photos/videos will NEVER be taken on personal devices. Thank you©

Ι,	, here by give NCF	BASCP permission to include my
child/children,		, in photographs and videos solely for the
purpose of displaying	activities and fieldtrip	os on their Facebook page and company website
This contract is legal and	d binding until my child	/ren is/are withdrawn from the NCBASP program.
Managers Name		Managers Signature
Parent/Guardian Name		Parent/Guardian Signature
Date		

North Cedar Before and After School Care Programs Corporation

Transportation/Field Trip Permission Form

	Park Avenue	Pauline Haarer
	Cilaire	McGirr
	Frank J Ney	Departure bay
	Laughing	Kids Camp
I,		, hereby give my child/ren,
permission to be transpor	ted to (and not limited	to) out trips or to and from a facility, in the
North Cedar Before and A	After School Care Prog	grams Corporation's bus. Please Check the
following		
Yes, I give full per	rmission for the transp	ortation of my child/ren.
No, I do not give p	permission for the trans	sportation of my child/ren
** Please note that if	you so not give permis	sion for your child/ren to be transported by the
NCBASP bus, you will	be required to find alte	rnated care for our out-trip days; for all staff wil
	be attending	the out trip. **
This contract is legal and	binding until my child	/ren is/are withdrawn from the NCBASP
program.		
Managers Name		Managers Signature
Parent/Guardian Name		Parent/Guardian Signature

Date