

CHILD CARE REGISTRATION FORM

(Include a photo of child)

FACILITY

NAME OF FACILITY _____

DATE OF ENROLLMENT / / **CHILD**

NAME OF CHILD _____

SURNAME _____

GIVEN _____

MIDDLE NAME _____

NAME CHILD RESPONDS TO _____

SEX: M F

ADDRESS _____

DATE OF BIRTH / / FIRST DAY OF ATTENDANCE / / END DATE / / **PARENT/GUARDIAN**

NAME _____

PLACE OF WORK _____

PHONE _____

LOCAL _____

HOME ADDRESS _____

PHONE _____

HOURS OF WORK _____

POSTAL CODE _____

E-MAIL ADDRESS _____

NAME _____

PLACE OF WORK _____

PHONE _____

LOCAL _____

HOME ADDRESS _____

PHONE _____

HOURS OF WORK _____

POSTAL CODE _____

E-MAIL ADDRESS _____

MEDICAL INFORMATION

FAMILY DOCTOR _____

PHONE _____

MEDICAL INSURANCE PLAN NUMBER _____

DATE EFFECTIVE / / **ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY**

NAME _____

RELATIONSHIP _____

PHONE _____

NAME _____

RELATIONSHIP _____

PHONE _____

PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME _____

PHONE _____

NAME _____

PHONE _____

NAME _____

PHONE _____

PERSONS NOT PERMITTED ACCESS TO CHILD

NAME _____

PHONE _____

NAME _____

PHONE _____

ARE THERE CUSTODY ORDERS? YES NO IF YES, ATTACH DOCUMENTATION**NAMES OF OTHER CHILDREN LIVING AT HOME**

NAME _____

DATE OF BIRTH / /

NAME _____

DATE OF BIRTH / / **HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME? (DAY CARE, PRESCHOOL, SUNDAY SCHOOL, ETC.)** YES NO

IF YES, EXPLAIN: _____

WHERE? _____

DATES OF ATTENDANCE: _____

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS? YES NO

EXPLAIN: _____

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES? YES NO
 IF YES, ATTACH DOCUMENTATION

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: _____

HAS HE/SHE HAD ANY RECENT ILLNESS? YES NO IF YES, EXPLAIN: _____

ANY ALLERGIES? YES NO IF YES, PLEASE LIST: _____

IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

WHAT IS THE CHILD'S EATING HABIT? _____

FAVORITE 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: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	Other Immunizations:
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="checkbox"/> Hepatitis B	YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	YYYY / MM / DD

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

CAREGIVER SIGNATURE _____

DATE _____

NCBASP

North Cedar Before and After School Care Programs Corporation

Parent Contract

Park Avenue Pauline Haarer
Cilaire McGirr
Frank J Ney Departure bay
Laughing Kids Camp

I, _____ agree to enroll my child/ren,
_____, _____,
_____ in the _____

before and after school care program. My child/ren will attend the program (please circle):

Full-time Part-time Drop-in Laughing Kids Camp

Fees will be _____/ month, and are due on the first of each month; unless prior arrangements have been made. If I, or my pick up person, is late to pick up my child/ren, **late fees of \$1.00 a minute will apply.**

I also agree to the terms and policies outlined in the NCBASP policies and procedures handbook.

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

NCBASP

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

I, _____ give permission for my child/ren, _____, to participate, as part of the NCBASP program, in supervised group outdoor activities on, or off, school grounds. I also authorize caregivers (at any of the above facilities) to obtain any of the following services for the above child/ren as necessary: Physician and/or Ambulance in the event of an emergency.

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

NCBASP

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

NCBASP

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😊

I, _____, here by give NCBASCP permission to include my child/children, _____, in photographs and videos solely for the purpose of displaying activities and fieldtrips on their Facebook page and company website.

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

NCBASP

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 transported to (and not limited to) out trips or to and from a facility, in the North Cedar Before and After School Care Programs Corporation's bus. Please Check the following

Yes, I give full permission for the transportation of my child/ren.

No, I do not give permission for the transportation of my child/ren

**** Please note that if you so not give permission for your child/ren to be transported by the NCBASP bus, you will be required to find alternated care for our out-trip days; for all staff will 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