



# REGISTRATION PACKAGE

## Emergency Information Form

Today's Date:

### Child Information

Given name:

Surname:

Address:

Transition Week Dates:

Postal code:

Home Phone Number:

Start Date:

Date of Birth:

Days Present:

### Contact People

<p><u>Mother/Guardian</u></p> <p>Name: Cell Phone: Business Name: Business Phone: Business Address: Postal Code: Email Address:</p>	<p><u>Father/Guardian</u></p> <p>Name: Cell Phone: Business Name: Business Phone: Business Address : Postal Code: Email Address:</p>
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<p style="text-align: center;"><u>Emergency Contact # 1</u></p> <p>Name: Relationship: Phone #: Alternate #:</p>	<p style="text-align: center;"><u>Emergency Contact # 2</u></p> <p>Name: Relationship: Phone #: Alternate #:</p>
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<p style="text-align: center;"><u>Doctor</u></p> <p>Name: Dr. Phone # : Address:  Postal code:</p>	<p style="text-align: center;"><u>Special Information</u> <u>Example-Allergies, chronic conditions</u></p>
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# REGISTRATION PACKAGE

## Registration Form

### Child

Name of Child: _____	
M <input type="checkbox"/>	F <input type="checkbox"/>
D.O.B: <u>DD/MM/YYYY</u>	
Street Address: _____	Postal Code: _____
Town: _____	Home Telephone #: (    )    - _____
Number of Children in the Family: _____	
Ages of Children: _____	

### Father

Name: _____	
Street Address: _____	Postal Code: _____
Town: _____	Home Telephone #: (    )    - _____
Occupation: _____	
Place of Employment: _____	
Work Telephone #: (    )    - _____	
Cell Telephone #: (    )    - _____	

### Mother

Name: _____	
Street Address: _____	Postal Code: _____
Town: _____	Home Telephone #: (    )    - _____
Occupation: _____	
Place of Employment: _____	
Work Telephone #: (    )    - _____	
Cell Telephone #: (    )    - _____	



# REGISTRATION PACKAGE

## Registration Form Continued

### Child's Health Care

Doctor's Name: _____	
Street Address: _____	Postal Code: _____
Town: _____	Doctor's Telephone #: (    ) - _____

The person willing to assume responsibility for the child (in the absence of a parent) in case of accident or illness during school hours.

Name: _____	
Street Address: _____	Postal Code: _____
Town: _____	Work Telephone #: (    ) - _____
Cell Telephone #: (    ) - _____	Home Telephone #: (    ) - _____

Comments: Please provide any information that may help us ensure your child's comfort and safety (Allergies, Sleeping Habits, Eating Habits, Dietary Restrictions, etc.)

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Signature of Parent(s)

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Supervisor's Signature

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Withdrawal Date  
(For office use only)



# REGISTRATION PACKAGE

## Medical Record

Name of Child: \_\_\_\_\_

Date of Birth: DD/MM/YY: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

The Medical Officer of Health requires that all students to be immunized against Diphtheria, pertussis, measles, mumps and rubella.

Are there any, medical, religious or theosophical reasons why your child should or cannot be immunized? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Health problems, allergies, medications taken regularly and other health concerns your child may have:

Condition	Description	Treatment Required – If any	Side effects – if any

Comments: Please provide any information that may help us ensure your child's safety (Ex. Condition: fever induced seizures -> if Temperature reaches 37.5 degrees Celsius; administer Tylenol and call parents immediately)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# REGISTRATION PACKAGE

## Permission Form

The instructions given herein are for emergencies regarding my child/children enrolled in the school: Ex/ 1. Call moms work first, then her cellphone. 2. Call dad's cellphone, then work. 3. Call emergency Contact two first

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In case of an emergency, I authorize the Share and Care Child Care Centre to take the child to the nearest hospital, whichever is deemed necessary by the discretion of the Centre Supervisor.

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Signature(s) of the Parent(s) and/or guardian(s)

I hereby give permission for my child/children, attending the Share and Care Child Care Centre, to take part in excursions, which are within walking distance and are organized and supervised by the child care Centre. All excursions that require the use of a transportation vehicle will be supplemented by a separate permission form.

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Signature(s) of the Parent(s) and/or guardian(s)

I hereby give permission for my child/children attending the Share and Care Child Care Centre, to participate in any pictures taken to be displayed within the Centre.

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Signature(s) of the Parent(s) and/or guardian(s)

I hereby give permission for Share and Care Child Care Centre staff to apply the following to my child(ren):

- Parent Provided Vaseline     Parent Provided Diaper Cream     Parent Provided Sunscreen
- Centre Provided Alcohol Based Hand Rub (Hand sanitizer)

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Signature(s) of the Parent(s) and/or guardian(s)



## REGISTRATION PACKAGE

### Social Media Permission Form

Share and Care Child Care Centre uses social media platforms such as Facebook and Instagram in order to promote our business and maintain engagement within the Early Learning Community. Please sign below to grant permission for your child's photos to be used

**\*Please Note: pictures will ONLY be posted should this OPTIONAL permission form be signed.**

- I hereby give permission for my child/children to participate in any pictures taken to be displayed on the Share and Care Website
- I hereby give permission for my child/children to participate in any pictures taken to be displayed on the Share and Care Facebook Page
- I hereby give permission for my child/children to participate in any pictures taken to be displayed on the Share and Care Instagram Page

**OR**

- I hereby give permission for my child/children to participate in any pictures taken to be displayed on the Share and Care Website ~~if their face is covered~~
- I ONLY give permission for my child/children to participate in any pictures taken to be displayed on the Share and Care Facebook Page ~~if their face is covered~~
- I ONLY give permission for my child/children to participate in any pictures taken to be displayed on the Share and Care Instagram Page ~~if their face is covered~~

**\*Please Note: Faces will be blurred or covered with a virtual "sticker"**

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Signature(s) of the Parent(s) and/or guardian(s)