

# REGISTRATION FORM

— FUTURE FIRST DAYCARE



*All information on this form must be completed. If a section is not applicable, please cross out and write N/A.*

*All personal information collected in this registration form will be protected as per the PERSONAL INFORMATION PROTECTION ACT (PIPA). The information collected will be used for the sole purpose of ensuring the health and safety of your child/ren at Future First Daycare.*

## REGISTRATION FORM

Date Child Care will start :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Child's Name :

Date Of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Full Address :

Postal Code :

Home Phone :

Cell Phone(#1) :

Cell Phone(#2) :

Family E-Mail :

Work Phone(#3):

## DAY CARE CHILD

(1 year – 6 year)

Full Time :

Regular Usual Days & Hours of Attending:

Monday :

Tuesday :

Wednesday :

Thursday :

Friday :

## 1. PARENT/GUARDIAN

Mother's Name :

Address :

Postal Code :

Home Phone :

Cell Phone :

Work Phone :

## 2. PARENT/GUARDIAN

Father's Name:

Address :

Postal Code :

Home Phone :

Cell Phone :

Work Phone :

## CUSTODY AND ACCESS

☐ Check if there are NO concerns about CUSTODY AND ACCESS

Yes : ☐

No : ☐

## EMERGENCY CONTACT PERSON

*(THIS PERSON WOULD BE CONTACTED TO ACT IN THE PARENT'S ABSENCE OR UNAVAILABILITY)*

Name :

Address :

Home Phone :

Work Phone :

Relationship :

Cell Phone :

In addition to the above Emergency Contact Person, OTHER AUTHORIZED PERSONS to which the child can be released on a REGULAR BASIS.

☐ Check if there are NO other persons to which the child can be released.

1. Name :

Cell Phone :

2. Name :

Cell Phone :

3. Name :

Cell Phone

## MEDICAL INFORMATION

1. Is your child receiving medication on a continuing basis? If

Yes : ☐ No : ☐

"yes" Medication :

Dosage :

For the condition :

2. Allergies :

3. Health concerns or special needs :

4. Immunization :

Are your children's immunization up to date?

Yes : ☐ No : ☐

## MEDICAL CARE POLICY AND AUTHORIZATION

Medical Care will be provided to your child in the nature of First Aid – only. If further emergency medical treatment is required, Future First DayCare Centre will call 911 for an ambulance.

By my signature below, I give Future First Daycare permission for my child to be transported to the Children's Hospital by ambulance in the event of an accident/injury or health life-threatening condition (e.g. allergic reaction, asthma attack). Any costs incurred will be the responsibility of the parents or guardians of the said child. Medical aid above and beyond First Aid will be administered by the ambulance attendants or hospital staff as required.

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Signature Parent/Guardian

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Date

## PLAYGROUND PERMISSION ( PERMISSION WILL BE RENEWED EVERY 6 MONTHS)

In an attempt to provide your child with an enriched environment, we at Future First Daycare at times are required to take your child out of the Centre to other areas. In order for us to safely take your child to these places, we require your permission. Therefore, we request that you complete the following permission form.

By my signature below, I permit the staff of Future First Daycare to take my child to the following local places without getting further written permission:

### Please check

- ☐ Community Park
- ☐ Park
- ☐ Walks in our Community

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Parent/Guardian Signature

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Date

### Any additional information/concerns regarding your child

- ☐ Check if there are NO additional information/comments

PLEASE PROVIDE A PICTURE OF YOUR  
CHILD FOR THE FILE

*Thank you for your time and cooperation in completing this Registration Form.*

## PARENTAL INVOLVEMENT *(AND/OR FAMILY MEMBERS)*

Your parental input and participation in your child's program is always encouraged and welcomed. Examples - field trip volunteer, carpenter for handy work, computer skills, reading to the children, special projects, dance, music, etc.

If you would like to contribute to your child's program, please provide some details :


*Thank you for your time and cooperation in completing this Registration Form.*

