

REGISTRATION FORM

CHILD'S FIRST NAME	CHILD'S LAST NAME	DATE OF BIRTH Month/Day/Year	Gender M / F
			Male Female

PARENT/GUARDIAN INFORMATION

Parent/Guardian: Name:			
Home address:		City:	Postal Code:
Home phone:	Alternate/Cell phone:	E-mail address:	
Workplace/School name:	Workplace/School address:	Workplace/School phone: Ext	Hours:

Parent/Guardian: Name:			
Home address:		City:	Postal Code:
Home phone:	Alternate/Cell phone:	E-mail address:	
Workplace/School name:	Workplace/School address:	Workplace/School phone: Ext	Hours:

ADDITIONAL EMERGENCY CONTACT PEOPLE TO WHOM THE CHILD MAY BE RELEASED

Contact # 1 Name:		Relationship to child:	
Home phone:	Cell phone:	Work phone: Ext	Work hours:

Contact # 2 Name:		Relationship to child:	
Home phone:	Cell phone:	Work phone: Ext	Work hours:

CHILD MAY ALSO BE RELEASED TO

Name:	Phone: Ext	Name:	Phone: Ext
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- My child has all immunizations up to date: YES NO (If 'NO', an affidavit must be attached)
- My child requires an epinephrine self-injector device: YES NO
- My child requires an inhaler: YES NO at home at program
- My child requires insulin: YES NO

If you answered 'YES' to any of the above statements, additional forms must be completed.

REGISTRATION FORM – Continued

Child's Name: _____

ALLERGIES:

Allergy	Symptoms	Treatment

MEDICAL CONDITIONS

Medical Condition	Symptoms	Treatment

MEDICAL HISTORY (i.e., previous communicable diseases, major surgery, etc.)

SPECIAL DIETARY CONCERNS I will supply and label my child's food/drink, as needed: YES NA

Concern:

Possible Reaction:

ADDITIONAL INFORMATION

Does your child have any special needs (physical, emotional, behavioural)?

YES NO

N/A

If "YES", do they receive additional support from any of the following agencies?

All Kids Belong

Thames Valley Children's Centre

Children and Parent Resource Institute (CPRI)

Tyke Talk

Madame Vanier Children's Services

Other: _____

I certify that the information on this registration form is correct and complete. I understand and agree to abide by the policies and procedures set out by

Parent/Guardian Signature: _____

Date: _____
Month/Day/Year

Date of Admission: _____
Month/Day/Year

Date of Discharge: _____
Month/Day/Year