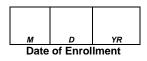
GROUP CARE





Registration Form-Shawnigan Lake Community Centre Childcare *License* #1381414 PERSONAL INFORMATION

CHILD'S NAME:			BIRTHDATE: (MM/DD/YR)	1	Male: Female:			
ADDRESS:			School Child Att	ends:				
_	Teacher:							
_			G	rade:				
PARENT / GUARDIAN:			PARENT / GUARDIAN:					
Home Phone:			Home Phone:					
Work Phone:			Work Phone:					
Cell Phone:			Cell Phone:					
E-Mail Address:			E-Mail Address:					
Place of Employment:			Place of Employment:					
Home Address: (if different from child)			Home Address: (if different from child					
L								
Name of other Children in Family:		Age:	Name of other Children in Family:		Age:			
		Age:			Age:			
CUSTODY OF C	HILD IS:							
With the Moth	ner:	With the Father:	Joint Cu	stody:	Other:			
If there is curre	ently a court orde	r regarding custody of yo	ur child, what are the condition	ons (please attach	documentation):			
EMERGENCY IN	IFORMATION	J						
CARE CARD #:			CHILD'S MEDICAL DOCTOR:					
Ĺ			PHONE #:	-				
			L					
EMERGENCY CONTACT #1:			EMERGENCY CONTACT #2:					
Relation to Child:			Relation to Child:					
PHONE #:			PHONE #:					
ALT PHONE #:			ALT PHONE #:					

AUTHORIZED PICK UPS Please note that the people you list below are the only ones authorized to pick up your child, unless you notify us beforehand. Please do not include your own names below. Person(s) authorized to call or pick-up your child (the more the better-attach separate sheet if needed): Name: Name: Phone# Phone# Name: Name: Phone# Phone# Name: Name: Phone# Phone# **HEALTH HISTORY:** What special considerations should we be aware of to better meet your child's needs? (Check appropriate boxes) 1. Does your child have any known health problems? Yes: No: If yes, please explain: 2. Does your child have any allergies? Yes: No: If yes, please explain: 3. Has your child had any recent illnesses that we need to be aware of? Yes: No: If yes, please explain: 4. List any communicable diseases that your child has had: Yes: \square №: П If yes, please explain: 5. Are there any indications of vision or hearing problems? 6. Please list any other health issues that you feel we should be aware of: **IMMUNIZATION RECORDS:** PHOTO REQUIREMNT: Yes: No: Is your child immunized? Licensing requires that all If **YES**, a copy of immunization records **must** be attached to this application. registration forms are returned with a current photo of the If **NO**, please sign the following statement: child. I have chosen not to participate in the immunization program. I understand that should there be a Suspected/real outbreak of any communicable disease, I will be required to remove my child from **Photo Attached** the Childcare Centre until it is deemed safe to return by a medical professional. Parent/Guardian Signature Date

EMERGENCY CONSENT

I authorize the caregiver to obtain any of the following services for my child as necessary- Public Health Nurse, Physician and/or Ambulance in the event of an emergency. Any costs incurred for such services shall be sole responsibility of myself.

Discipline and Guidance F		, ————————————————————————————————————		olicy	
Sunscreen F	Policy		Snow Policy		
Photo Taking Policy		nh ata aran ha d			
	to having my child sent to having my c				
	to having my o	priotograpiiou			
		ommunity Centre Childca		hese policies while my child is attending	
		- 10 11 11		Parent/Guardian Signature	
Date					
Date If you have any quest happy to discuss with	tions or concerns reç h you further.	Parent/Guardian Na garding our policies and proc		t the Childcare Coordinator know and she would b)
If you have any quest happy to discuss with	h you further.	garding our policies and proc	edures, please le	t the Childcare Coordinator know and she would b	
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