



## CHILD CARE REGISTRATION FORM

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

### CHILD INFORMATION

Child's Name: \_\_\_\_\_  
Full Name

Address: \_\_\_\_\_  
Number Street City Province Postal Code

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_  
day / month / year

Principal Home Language: \_\_\_\_\_

Name(s) of people to whom the child may be released: \_\_\_\_\_

### PARENT INFORMATION

Name of Parent/Guardian: \_\_\_\_\_ Local: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
Number Street City Province Postal Code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

### MEDICAL INFORMATION

Child's health card number and initials: \_\_\_\_\_

Is your child receiving any medication on an ongoing basis? Yes  No

If yes, describe what the medication is for and times it needs to be taken: \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any medical conditions such as allergies, asthma, or disease? Yes  No

If yes, please list and explain in detail the medical condition(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Does your child have any dietary restrictions?      Yes       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Asperger Sundrome, Cerebral Palsy?      Yes       No

If yes, please list and explain in detail the special need: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain her/his safety and the safety of the other children?      Yes       No

If yes, please list and explain in detail the behavioural issues/concerns: \_\_\_\_\_  
\_\_\_\_\_

Is your child physically able to take part in all program activities?      Yes       No

If no, please list restrictions: \_\_\_\_\_

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### CONSENT

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km radius from the Unifor Child Care facility in Port Elgin or the city the program is taking place in?      Yes       No

In case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s).

A. In the event of a medical emergency do you hereby grant permission for the staff of Unifor Child Care Services who are trained in emergency first aid and CPR to attend to your child?      Yes       No

B. In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Unifor Child Care Service to hospitalize and/or secure proper treatment for your child?      Yes       No

The Unifor Child Care Service is a high profile program, do you hereby grant permission for your son/daughter/ward to be taped or photographed by public media or Unifor public relations?      Yes       No

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date: