

CHILD CARE REGISTRATION FORM

Unifor Family Education Centre

Port Elgin, Ontario

CHILD INFORMATION

Child's Name: _____
Full Name

Address: _____
Street & Number 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 # (i.e. L. 222): _____

Address (If different than above): _____
Street & Number City/Town Province Postal Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

MEDICAL INFORMATION

Child's Health Card Number and Initials: _____

Is your child currently under a Doctor's care? (If "yes", please describe): Yes: _____ No: _____

Is your child receiving any medication on an ongoing basis? If yes describe what medication is for and times that it is to be taken: Yes: _____ No: _____

Does your child have any dietary restrictions? If yes please list/explain: Yes: _____ No: _____

Does your child suffer from any medical conditions such as allergies, asthma and disease? If "yes", please list and explain in detail the medical condition:

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Aspergers Syndrome, Cerebral Palsy? 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 his/her safety and the safety of the other children? 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: _____.

CONSENTS

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km. radius from Unifor Child Care facility?

Yes: _____ No: _____.

In the 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 Community Child Care & Developmental Services Inc., to hospitalize and/or secure proper treatment for your child?

Yes: _____ No: _____.

The Unifor Child Care & Developmental Services, Inc. are high profile programs. Do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or Unifor Public Relations?

Yes: _____ No: _____.

Signature of Parent/Guardian

Date