

**Henderson Early Learning Child Centre Before and After School
Program
Registration Forms**

Type of care required: Before School ___ After School ___ Enrollment Date:

_____ Both Before and After School ___ Withdrawal Date:

_____ In-services (4 - 10 hours) _____ In-services (10+ hours) _____
Grade _____ Teacher _____ Waiting list _____ E-Mail _____

Name of child: _____

Address: _____

Does your child have a preferred nickname? _____

Date of birth: Month _____ Day _____ Year _____

Legal guardian: _____

Address: _____ Home phone: _____

Mother's:

Name: _____ Home phone: _____

Address: _____

Place of employment/school: _____

Work/School address: _____ phone: _____

Father's

Name: _____ Home phone: _____

Address: _____

Place of employment/school: _____

Work/school address _____ phone: _____

Other children in household:

Name: _____ Age _____

Name: _____ Age _____

Other adults in household:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Hours of care needed: from _____ a.m. to _____ a.m. / from _____ p.m. to _____ p.m.

Who will be bringing the child to day care? _____

Who will be picking the child up from day care? _____

If we need to contact a parent during the day, who should we contact first?

Mother: _____ Father: _____

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Emergency contact list:

Please provide us with the names of two other people who would be willing and able to take responsibility for your child in case of an emergency, or if your child is not picked up by 6:00 p.m. and the parents can not be contacted.

1. Name _____ Relationship to child _____
Address _____ Home Phone _____
Work Address _____ Work Phone _____

2. Name _____ Relationship to child _____
Address _____ Home Phone _____
Work Address _____ Work Phone _____

Name of child's Doctor: _____

Address: _____

Manitoba Health Reg. Number: _____

Personal Health ID Number: _____

Have there been any difficulties or crises in your family, such as accidents, separation, moving, death, medical problems, etc. that may have affected your child?

Has your child had the experience of being cared for by adults other than family members, if so by whom?

How does your child interact with others (family, friends, etc.)?

Does your child have any allergies? Yes _____ No _____

If Yes:

To what: _____

Describe typical reaction: _____

Medication or treatment required:

Does your child have any medical problems?

Has your child had any recent injuries? _____

Does your child take any medication on a regular basis?

Has your child ever had surgery? _____

To the best of your knowledge, does your child have any language difficulties or learning disabilities?

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Does your child have any emotional disturbances or physical handicaps?

Is your child talkative, quiet, or average? _____

Does your child have any particular habits or mannerisms, such as thumb sucking, nail biting, etc.?

Describe any fears your child has, and the typical reaction: _____

In general, how does your child react to anxiety or a stressful situation?

What are your child's favorite activities? _____

What are your child's favorite foods? _____

What are your child's least favorite foods? _____

How would you describe your child's eating habits? _____

What discipline methods do you use at home? _____

How well do you anticipate will adjust to this program?

Does your child speak English? ___ Another language? _____

Is there any further information that you would like us to know about you or your child? _____

INDIRECT SUPERVISION PERMISSION

I _____ understand that my child/ren _____
While under the supervision of Henderson Early Learning Child Care Centre Before and After School Program will not be directly supervised when they go to and from the washrooms and to and from the gym. . To ensure the safety of the children during these times, they are required to obtain from the staff a "Bathroom pass", (which is subsequently turned in when they return to the room) and notify the staff before they leave the room. Staff use walkie-talkies to ensure the children arrive to the gym or classroom safely. The washrooms are located directly outside the daycare rooms. Should you have any concerns with the above you may contact the Director so that other arrangements can be made. Children will not be supervised when leaving Daycare to attend school or from leaving school to attend Daycare.

Signature Date 3

MEDICAL CONSENT FORM

I give permission for my child _____, in the event of an emergency to receive medical attention deemed necessary by my physician, Dr. _____

Or by another physician selected by Henderson Early Learning Child Care Centre Before and After School Program. I will accept financial responsibility for any emergency medical care necessary (including ambulance transportation)

* Parents will be contacted*

Doctor's address: _____

Phone: _____

Man. Health Reg. # _____ Personal Health ID # _____

Parent/Guardian Address: _____

Phone: Home: _____ Work: _____

Signature: _____ Date: _____

FIELD TRIP PERMISSION FORM

I hereby give permission for my child/ren _____ to take part in any field trips, outdoor play, or neighborhood walks that the program may include in its schedule.

Signature: _____ Date: _____

PHOTO/VIDEO PERMISSION SLIP

I _____ give permission for Henderson Early Learning Child Care Centre Before and After School Program to take photographs and/ or video tapes of my child/ren _____ to be used within the daycare. I understand that my child's photograph/image may be released to another parent if there child is also in the same photograph or video tape.

Signature: _____ Date: _____

Parental Consent for Emergency Care & Transportation

I give permission for my child _____ in the event of an emergency when I cannot be reached to receive medical attention deemed necessary by my physician Dr. _____ or another physician selected by Henderson Early Learning Child Care Centre Inc. I will accept financial responsibility for any emergency medical care necessary. (Including ambulance transportation).

Date

Parent Signature

FAMILY INFORMATION FORM

1. Is the child in the full custody of both parents?

Yes _____ NO _____

2. If no, what are the custody arrangements (produce copy of court orders, if applicable)

3. Who, including parent/parents, and emergency contacts, may pick up the child?

Name	Relationship to child	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Note: a) If a person other than those listed in point 3 above is to pick up the child, the centre requires a _____ written notice. In an emergency, a telephone call from the parent will be accepted.

b) The centre must be notified of any changes to the information given above.

c) The centre takes no responsibility for disputes arising between parents regarding custody. Accordingly, if a parent comes to the centre to pick up his/her child and that parent is listed _____ above as a person who may pick up the child, staff will release the child into that parent's _____ custody. If such parent is not listed above as a person who can pick up the child, staff will _____ advise such parent that they can not release the child. If such parent persists, staff will _____ telephone police, but staff will not physically or otherwise resist attempts by such parent to _____ remove the child.

d) If the child does not arrive at the centre after school, the centre will check with the school office, _____ teacher/classroom. The centre will call the parent/guardian at home & work/school. If we cannot _____ reach the parent/guardian we will contact _____

Winnipeg Police Services. The child's arrival at the
responsibility of the parents.

centre is strictly the

Signature: _____ Date: _____

CHILD INFORMATION FORM **REVISED** _____

Name of Child: _____

Address: _____

Home Phone: _____ Date Of Birth: _____

Legal Guardian: _____

Grade _____ Teacher _____

Mother's:

Name: _____ Home Phone: _____

Address: _____

Place of employment/school: _____

Work/School Address: _____ Phone: _____

Father's:

Name: _____ Home Phone: _____

Address: _____

Place of employment/school: _____

Work/school Address: _____ Phone: _____

Emergency Contacts:

1. Name: _____ Home Phone: _____

Relationship to child: _____ Work phone: _____

Address: Home: _____ Work: _____

2. Name: _____ Home Phone: _____

Relationship to child: _____ Work Phone: _____

Address: Home: _____ Work: _____

Doctor: _____ Phone: _____

Address: _____

Man. Health Reg. No. _____ Pers. Health ID No. _____

Allergies/medical/developmental/emotional conditions:

People Authorized to Pick-up Child from Daycare, including the above emergency contacts: _____
