



Beaches Co-op Playschool Registration Form 2011-2012

Date:		
Child's Full Name:		
Date of Birth:	Class (circle one): 2's 2/3's 3/4's	
Child's Home Address (please include a second address if applicable):		
Child's Home Phone Number:		
Tax Receipt for Child Care Expenses Required: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Privacy and Collection of Information: I have read the BCP Privacy Policy and authorize BCP to collect, process and store medical, family and other relevant personal information about my child in accordance with the policy.		
Parent's Signature_____		Date: _____

	Parent/ Guardian # 1	Parent/ Guardian # 2
Name		
Relationship to Child		
Complete Address (& Postal Code)		
Home Phone Number		
Business Address (& Postal Code)		
Business Phone		
Other Phone Numbers (please specify: cell, etc.)		
Email Address		

Are there any **legal orders or agreements** pertaining to custody/access of the child?

☐ No ☐ Yes

*If there are any restrictions in terms of custody or access, please attach the legal document that sets out these restrictions.

Emergency Contact Information

Who can we contact if parent(s) cannot be reached in case of an emergency?

Name:

Phone Number:

Relationship to Child:

Full Address & Postal Code:

Safe Pick-Up Information

The following person/people (other than parents) may pick up my child from this program from time to time or in an emergency.

	Alternate Pick-Up Person 1	Alternate Pick-Up Person 2	Alternate Pick-Up Person 3
Name			
Relationship to Child			
Full Address & Postal Code			
Phone #(s)			

Safe Pick-Up Program: I understand that in accordance with the Safe Pick-Up Program, any person picking up my child from BCP classes (including those listed above) may need to show photo identification to the teacher and must be listed on this form before my child will be released. Anyone not listed above will not be permitted to pick up my child from BCP classes. If I want to add or delete names from the list above, I must make this request both verbally and in writing (signed and dated). I have undertaken to inform my spouse (if applicable) and alternate pick-up people of this program and they and I have agreed to comply with the policy.

Signature of Parent or Guardian

Date

Duty Parent(s) / Grandparent(s)

Please list all adults who will be doing duty days. Please note that all individuals listed below will require a health assessment, updated immunization, TB test and police reference check. Each individual must also sign the Enrollment Agreement prior to the child commencing the program. If this is anyone other than a parent, please include the address and relationship to the child.

Name:

Phone number:

Relationship to child:

Full Address & Postal Code:

Name:

Phone number:

Relationship to child:

Full Address & Postal Code:

Name:

Phone number:

Relationship to child:

Full Address & Postal Code:

Medical Information

1. Does your child have any **allergies to foods, medications or other** items of which the school should be aware?

☐ No

☐ Yes (please specify) _____

Please note that allergies and special medical conditions will be posted in the classroom and kitchen. Parents are asked to check the medical boards and change any inaccurate/ missing info before your child begins their first day.

2. Does your child have any **special medical conditions**?

☐ No

☐ Yes (please specify) _____

3. Does your child need **medical treatment, drugs or medication to be administered** (including epipens) during the hours your child is receiving care?

☐ No

☐ Yes* (please specify) _____

** Please note that BCP must receive a special form, signed by your child's physician before our teachers are authorized to administer medication. Please ask our registrar for the form and accompany your child to Playschool until the form is received.*

4. Does your child have any **special requirement for diet, rest or exercise**? If yes, written, signed instructions must be provided by the parent.

☐ No

☐ Yes (please specify) _____

5. Please describe the **symptoms of your child's ill health** (indicate your child's usual reaction to illness, such as high temperature, flushing, vomiting, irritability, etc.):

6. Please list your child's previous history and dates of communicable diseases (e.g. chicken pox, mumps, etc.):

7. Is there any **other information** that we should know about your child?

☐ No

☐ Yes (please specify) _____

Medical Information cont'd.

Name of Child's Physician:

Physician's Full Address & Postal Code :

Physician's Phone Number:

Child's Health Card # (& version code):

Medical Consent

I, _____, hereby give my permission to the physician selected by the BEACHES CO-OPERATIVE PLAYSCHOOL, to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child, _____, in case of emergency when I am not immediately available for consultation.

Signature

Date

Medical Conditions/ Allergies: My signature below confirms that I have noted all of my child's medical conditions and allergies on this form. I will inform the Registrar and BCP teachers in writing if there is a change in my child's health/allergy status.

Signature

Date

Parent's Signature

Date

BCP Privacy Statement: Beaches Co-op Playschool is committed to protecting the privacy of the personal information of its members and applicants. BCP will not sell, trade or share the personal information of members or applicants. Every reasonable effort is made to maintain security of this information and ensure that only authorized members/staff have access to the information. Authorized staff and members are made aware of and are required to follow the BCP Privacy Policy. For further details, please refer to our Privacy Policy in the BCP Handbook and on our website. Privacy compliance questions, concerns and complaints may be addressed to the BCP Vice President.