



REGISTRATION FORM FOR CHILD CARE

Child Care Facility:
Full Name of Child:
Usual Name of Child [if different]:

PERSONAL INFORMATION	
Child's Date of Birth:	Gender:
Starting Date:	
Address:	
Postal Code:	
Phone:	
Parent or Guardian: Female [Mother]	Male [Father]:
Name:	Name:
Address [if different from above]:	Address [if different from above]:
Phone:	Phone:
Work address/alternate location:	Work address/alternate location:
Phone [include local]:	Phone [include local]:
Cellular/Pager:	Cellular/Pager:
Hours at this location:	Hours at this location:

PERSON(S) AUTHORIZED TO PICK UP CHILD:		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD:		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

ALTERNATE PERSON(S) TO CALL IN CASE OF EMERGENCY:		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

EMERGENCY HEALTH INFORMATION	
Care Card Number:	
Family Doctor: Name:	
Address:	Phone:

CHILD'S IMMUNIZATION HISTORY (Please record dates [year/month/day] of immunization)						
Birth Date:						
Diphtheria	Pertussis	Tetanus	Polio	Measles	Mumps	Rubella
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.			
4.	4.	4.	4.			
5.	5.	5.	5.			

CUSTODY AGREEMENT
If applicable, please describe:

HEALTH INFORMATION [Please attach a separate sheet, if necessary]
Medication[s] and reasons for [please list]:
Allergie[s] and treatment of [please list]:
Accident[s], illness(es) or operations your child has had and include date(s):
Please describe any concerns you may have regards your child's development [ie. Behavior, vision, hearing, speech, language, etc.]:



Immunization Record Declaration

Community Care Facilities (CCF) licensed to provide care to children or youth are required to have a copy of the immunization Record on file for each person in care in the event that an outbreak of a communicable disease should occur. This information will assist in the immediate exclusion of those who are unimmunized.

In recent years, CCF's appear to be having difficulty in acquiring a copy of the Immunization Record from families and facilities are being coded for being in non-compliance with the legislation.

Although licensing expects a copy of the immunization record to be on file for each person in care, this form has been provided to:

- assist in identifying those children who are not fully immunized and
- assist CCF's in meeting Section 21(1) (a) of the Child Care Licensing Regulation.

To be completed by Parent/Guardian:

Child's/Youth's Name

Date of Birth

Complete Immunization:

☐

Written Proof of vaccinations attached

☐

Written Proof of vaccinations unavailable

Received immunization in:

Year of last Vaccine

City

Province

(If not in Canada, include country)

Incomplete Immunization:

☐

My child has had some vaccinations

☐

My child has no Vaccinations

☐

I do not know

Parent's/Guardian's Printed Name:	Date:
Parent's/Guardian's Signature:	

PERMISSION FORM FOR HORSE RIDING AND FOR MINIATURE RIDE-ON TRAIN

Ride-On Train Policy

- Miniature train has been designed and engineered to meet appropriate safety standards
- seat belts and helmets must be worn by all children riding the train
- only properly trained adults will be permitted to drive the train

Horse Riding Policy

- all children will wear helmets while riding the horse
- only properly trained adults will supervise the leading of the horse, while a child is on its back
- the utmost care will be taken to ensure the children's safety
- riding will take place on the property only (no road riding) and will be situated apart from other activities

BIG MIKE'S FUN FARM INC. WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS OR INJURIES TO CHILDREN WHILE RIDING THE HORSE

I _____ give permission for my child _____ to ride the horse and the miniature train while he/she is in the care of The Fun Farm Daycare. I will not hold Leslie Dendys or Big Mike's Fun Farm Inc. responsible for accidents or injuries to my child/children while riding either the horse or the train.

Signed: _____

PHOTO PERMISSION

I _____ give permission for my child to have his/her picture taken while at the Centre. I understand that these pictures may be posted at the Centre, or used for advertising purposes.

Signed: _____



BIG MIKE'S FUN FARM INC.
(Herein referred to as the Centre)
Parent – Centre Contract

1. I agree to meet with the Supervisor before my child attends the Centre to exchange information and complete forms.
2. I agree to provide the Centre with post-dated cheques from September to August. If my child is unable to attend the Centre due to holidays or illness, I agree to pay full fees.
3. If it becomes necessary to withdraw my child, I agree to give one month's written notice from the first of the month, or to pay one month's fee in lieu of notice.
4. I agree to submit government subsidy authorizations, when applicable, by the beginning of each month. If six months of authorizations are supplied, I will leave them on file at the Centre. If I cannot supply the Centre with subsidy authorization forms by the first of the month, I agree to pay the fees owing until subsidy is in effect.
5. I agree to sign in my child upon arrival, giving an expected time of departure. I agree to initial the sign-in sheet when he/she leaves with me. I also agree to notify the Centre of any alternate arrangements for pick-up. I understand that the Centre is not authorized to permit my child to leave with an alternate without my permission.
6. I will not send my child to the Centre when, in my opinion or that of a Supervisor, he/she is ill. I have read and agree to the Health Policies of the Centre.
7. I understand that the Public Health Nurse visits the Centre on a regular basis. I authorize the Supervisor to share immunization records of my child with her, and to inform her of any health concerns regarding my child.
8. In the case of an emergency, I give permission for staff to contact my family doctor, a qualified physician, or an ambulance. I understand that I, or persons named on my Emergency Card, Will be contacted immediately.
9. I agree to keep all information regarding address, telephone numbers, place of employment, and alternate contacts on file at the Centre and up-to-date.
10. I give permission for my child to participate on field trips. I understand that these may involve transportation by automobile.
11. I have read the Parent Handbook and will support all policies and procedures of the Centre.

Signature

Date

Please print one copy for your reference – Return second signed copy to the Centre