

Tumbler Ridge Children's Centre Society
Registration Form 2015-2016

Child:

Last Name:	First Name:
Nickname:	Date of Birth:
Registration Date:	Start Date:

Programs: (X boxes)

Group Daycare 30m-5y ____	Preschool Mon/Wed/Fri 4y ____	Preschool Tues/Thurs 3y ____
Before School Care ____	After School Care ____	Out of School Care Summer ____

Parents or Guardians:

(1) Last Name:	First Name:
Relationship:	Mailing Address:
House Address:	Home Phone:
Email:	Cell:
Employer:	Work Phone:
(2) Last Name:	First Name:
Relationship:	Mailing Address:
House Address:	Home Phone:
Email:	Cell;
Employer:	Work Phone:

Other Emergency Contact:

Name:	Relationship:
Home Phone:	Work Phone:

Authorization For Pick up:

Your child will only be released to an authorized person listed on this form. In case of an emergency or an unforeseen circumstance, please indicate the name of any other person who you authorize to pick up your child on your behalf. Photo I.D. is required.

Name:	Relationship	Phone #1	Phone #2

Medical Information:

Medical #:	Allergies:
Doctor:	Phone #:
Immunization Records: Please provide us with a copy of your child's updated immunization record.	

Do you have any concerns regarding:

Speech/Language:	Hearing:	Vision:
Occupational Therapy:_____	Sensory:_____	Disability:_____

Has your child's vision or hearing been tested previously, if yes when?

Medical Problems or Concerns:
Medications:

Does your child have any emotional fears or separation anxiety?

--

Information about your child

Likes and dislikes:
Siblings names/age:
Special Diet:
Toileting:
Is there any cultural holidays or celebrations your family values that you'd like to share?
Do you have any goals you would like to work on regarding your child:
Any significant changes in your child's home and environment you would like us to be aware of:

Emergency Consent:

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign the consent form below so we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency centre.
I HEREBY give consent for my child_____to be taken to the nearest emergency center by the Childcare Facility Staff when I cannot be contacted.
I HEREBY give consent for my child_____ to receive medical treatment. All costs incurred are the responsibility of the parent or guardian.
Signature of parent/guardian:_____Date:_____.

Tumbler Ridge Children's Centre Parent Consents Forms:

Skin Care Products:

I HEREBY give consent for the staff to apply Sunscreen/Lotion to my child's skin as is deemed appropriate, desirable or necessary.

Parent/ Guardian

Field Trips:

I HEREBY give the staff of **Tumbler Ridge Children's Centre** consent to take my child on field trips and outings while in their care.

Parent/Guardian

Consent To Photograph:

I HEREBY give consent to the staff of **Tumbler Ridge Children's Centre** to take photographs of my child as it may be required by the daycare and preschool program. These photos may be released for our yearly slide show, the local newspaper or posted in our facility.

Parent/Guardian

Consent to share information:

I HEREBY give consent to the staff of Tumbler Ridge Children's Centre to share information with Tumbler Ridge Elementary School regarding my child that will help with transition to school.

Parent/Guardian

Consent for your child to be Transported In the 15 Passenger Van: (Daycare/ OSC program only)

I HEREBY give the staff of **Tumbler Ridge Children's Centre** consent to transport my child in the 15 passenger van.

Parent/Guardian

Parent Contract Of Childcare:

I The Parent/Guardian_____have read and understand the Policy and Procedures of the Tumbler Ridge Children's Centre Parent Hand Book and agree to follow and will respect the Basic Needs and Rules of the Daycare/ Preschool.

Parent/Guardian Signature_____ Date:_____

TRCCS Signature_____ Date:_____

Withdrawing from the program:

One month written notice is required if you are withdrawing your child from the program.

I The Parent/Guardian _____ have decided to withdrawal my child
_____ out of the Tumbler Ridge Children's Centre.

Parent/Guardian Signature _____ Date: _____

TRCCS Signature _____ Date: _____