



# WINNIPEG MENNONITE EARLY LEARNING CHRISTIAN CENTRE (incorporated under Crestview Park Day Nursery)

250 Bedson Street  
Winnipeg, MB R3K 1R7  
Phone: 204.885.1032  
Fax: 204.897.4068  
www.wmes.ca



## REGISTRATION FORM

### General Information

Child Name \_\_\_\_\_  
 \_\_\_\_\_ First Name Last Name Middle Name  
 Nick Name \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Sex (circle) M F Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
 mm/dd/yyyy Name Grade

### Special Needs and Subsidy Information

Subsidy Number \_\_\_\_\_ Subsidy Start Date \_\_\_\_\_ Subsidy Expiry Date \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy  
 Restrictions \_\_\_\_\_

### Program

Program (circle) Toddler Preschool Infant/Toddler One Period New  
 Date of Enrollment \_\_\_\_\_  
 mmdd/yyyy

### Contacts (Parents/Guardian)

Contact Name \_\_\_\_\_  
 \_\_\_\_\_ First Name Last Name  
 Address \_\_\_\_\_  
 Street City Prov. Postal Code  
 Home Telephone \_\_\_\_\_ Comments \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Comments \_\_\_\_\_  
 Alternate Telephone \_\_\_\_\_ Comments \_\_\_\_\_  
 Alternate Telephone \_\_\_\_\_ Comments \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Street City Prov. Postal Code  
 Days & Hours Worked \_\_\_\_\_  
 Relationship \_\_\_\_\_ Primary Caregiver (circle Yes No  
 Circle all relevant Emergency Contact Lives With Pick-Up Authority Restraining Order  
 Comment \_\_\_\_\_

## Contacts (Parents/Guardian)

Contact Name	_____		_____	
	First Name		Last Name	
Address	_____			
	Street	City	Prov.	Postal Code
Home Telephone	_____	Comments	_____	
Work Telephone	_____	Comments	_____	
Alternate Telephone	_____	Comments	_____	
Alternate Telephone	_____	Comments	_____	
E-mail	_____			
Occupation	_____	Employer Name	_____	
Employer Adress	_____			
	Street	City	Prov.	Postal Code
Days & Hours Worked	_____			
Relationship	_____	Primary Caregiver (circle)	Yes	No
Circle all relevant	Emergency Contact	Lives With	Pick-Up Authority	Restraining Order
Comment	_____			

## Other Contact

Contact Name	_____		_____	
	First Name		Last Name	
Address	_____			
	Street	City	Prov.	Postal Code
Home Telephone	_____	Comments	_____	
Work Telephone	_____	Comments	_____	
Alternate Telephone	_____	Comments	_____	
Alternate Telephone	_____	Comments	_____	
E-mail	_____			
Occupation	_____	Employer Name	_____	
Employer Adress	_____			
	Street	City	Prov.	Postal Code
Days & Hours Worked	_____			
Relationship	_____	Primary Caregiver (circle)	Yes	No
Circle all relevant	Emergency Contact	Lives With	Pick-Up Authority	Restraining Order
Comment	_____			

## Other Contact

Contact Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Comments \_\_\_\_\_

Work Telephone \_\_\_\_\_ Comments \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Comments \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Comments \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Adress \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Days & Hours Worked \_\_\_\_\_

Relationship \_\_\_\_\_ Primary Caregiver (circle) Yes No

Circle all relevant Emergency Contact Lives With Pick-Up Authority Restraining Order

Comment \_\_\_\_\_

## Siblings

Sibling Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Program \_\_\_\_\_

Sibling Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Program \_\_\_\_\_

Sibling Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Program \_\_\_\_\_

## Health & Medical Information

MHSC No. \_\_\_\_\_ PHIN No. \_\_\_\_\_ Health Plan No. \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Diagnosis Agency \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_ Agency Involved (circle) YES NO  
dd/mm/yyyy

Special Needs Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Tested for Senses (circle) YES NO Required Treatment \_\_\_\_\_

Treatment Details \_\_\_\_\_

Other Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Growth & Development

Eating Habits

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Food Dislikes

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Food Likes

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Languages Spoken

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Dominant Hand

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Nap Information

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Dressing Help Info.

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Toilet Help Information

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Favorite Activity

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Playing Habits

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Playing Difficulties

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Friends

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Previous Care

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Current Discipline

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Other Information

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## Emergency

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by Crestview Park Day Nursery. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at Crestview Park Day Nursery.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Fees

I agree to pay Daycare fees in accordance with the payment schedule provided. ALL FEES ARE DUE IN FULL AND IN ADVANCE. (Please note Parents may make arrangements to pay fees on a bi-weekly basis). In the event of payment of these fees being late, following a grace period of one week, an additional ten (\$10) dollar late fee will be imposed. This late fee will be added to each outstanding billing period. I understand that if my account is delinquent three times in one calendar year, I may be asked to withdraw my child from Crestview Park Day Nursery.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Field Trips

I give permission for my child to accompany Crestview Park Day Nursery on Field trips. I understand that this includes excursions on foot, with staff vehicles or on public transportation. (ie . local parys/playgrounds, stores, fire hall, etc. I understand that I will be advised in advance of the date, time and location of any field trips using transportation.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Insect Repellant/Sunscreen

I hereby authorize Crestview Park Day Nursery to apply insect repellant o my child during the season when the children are at risk of insect bites. I also authorize Crestview Park Day Nursery to apply SUNSCREEN SPF 30+ on my child during the season when children are at risk of the sun. I am aware that the centre will notify me of these actions in advance of the season via the monthly newsletter or posted signs and I am also aware that I can choose to provide my own insect repellant and sunscreen for staff to use exclusively with my child and that these products must be well labeled with my child's name.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Media

I give permission for members of the media, at the discretion of the Director of Crestview Park Day Nursery, to take pictures/video of my child and use my child's name in the context of a news item or report.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Medicine

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during centre hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further, more detailed medication consent form at that time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Photos

I give permission for the staff of Crestview Park Day Nursery to take pictures/videos of my child(ren) for the use of the centre only. I understand that these will be used for yearbooks, centre displays, staff training, research and therapists reports, etc...

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Practicum

I give permission for my child to be observed by students in fields relevant to the field of child care if these observations are kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by Crestview Park Day Nursery

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Privacy Policy

We hereby request your consent to disclose the collected information to Vari Tech Systems Inc. for the purpose of managing the software childcarepro on behalf of Crestview Park Day Nursery and in accordance with the Vari Tech Privacy Code. I understand that Vari Tech Systems Inc, will not disclose such personal information without my further consent unless required or permitted by law. For additional information about the Vari Tech Privacy Code, please visit [www.varitechsystems.com](http://www.varitechsystems.com) or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at [admin@childcarepro.biz](mailto:admin@childcarepro.biz)

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Release of Information

I authorize the release of any information or records requested to the staff of Crestview Park Day Nursery. This information will generally be requested from the program the child is transferring from or other professionals that are or have been involved with the child.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Withdrawal

I am aware that I must provide Crestview Park Day Nursery with two (2) weeks notice before withdrawing my child. If I fail to do this, I will be required to pay for two (2) weeks of fees.

Date \_\_\_\_\_ Signature \_\_\_\_\_