



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)	Preschool			
Facility Start Date				
	mm/dd/yyyy			
Contacts (Parent/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 (Parent/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

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 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

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 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	_____			

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.	_____	PHN No.	_____	Health Plan No.	_____
Allergies/Medical Conditions	_____				
Diagnosis Agency	_____	Date of Diagnosis	_____	Agency Involved(circle)	YES NO
			mm/dd/yyyy		
Special Needs Diagnosis	_____				

Tested for Senses (circle)	YES	NO	Required Treatment	_____	
Treatment Details	_____				
Other Information	_____				

Growth and Development

Eating Habits

Food Dislikes

Food Likes

Languages Spoken

Dominant Hand

Nap Information

Dressing Help Info.

Toilet Help Information

Favorite Activity

Playing Habits

Playing Difficulties

Friends

Previous Care

Guidance Method

Other Information

Family Physician

Physician Name _____
title First Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Prov. Postal Code

Home Telephone _____

Work Telephone _____

Alternate Telephone _____

Fax _____

E-mail _____

Comment _____

Other Consultant, Physician, Therapist, Dentist

Physician Name _____
title First Name Last Name

Agency Name _____ Position _____ Field of Expertise _____

Address _____
Street City Prov. Postal Code

Home Telephone _____

Work Telephone _____

Alternate Telephone _____

Fax _____

E-mail _____

Comment _____

Enter Schedule, if child is to attend more then one time per day use additional lines

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Arrival Time _____ Departure Time _____ Days (circle) S M T W TH F S

Additional Information _____

Charitable Donations

I agree in lieu of fundraising, to contribute a voluntary charitable donation of \$10.00 per billing period. A reminder of this donation will be added to each invoice.

Date _____ Signature _____

Code of Conduct

I have read and understand fully the Code of Conduct of Winnipeg Mennonite Early Learning Centre. I agree to abide by this Code of Conduct at all times.

Date _____ Signature _____

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 the Facility. 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 the Facility.

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 biweekly basis). In the event of payment of these fees being late, following a grace period of one week, an additional twenty (\$20) 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 Winnipeg Mennonite Early Learning centre.

Date _____ Signature _____

Field Trips

I give permission for my child to accompany the Facility on field trips. I understand that this includes excursions on foot, with staff vehicles or on public transportation. (ie. local parks/playgrounds; 7-11 stores; fire hall etc.).

Date _____ Signature _____

Insect Repellent

I hereby authorize the Facility to apply insect repellent on my child during the season when children are at risk of insect bites. I am aware that the Facility will post signs notifying me of this action in advance of the season.

Date _____ Signature _____

Instagram

I give permission for photos of my child to be included on a private Instagram account from Winnipeg Mennonite Early Learning Centre. I understand that only families using the centre will have access to this Instagram account.

Date _____ Signature _____

Media

I give permission for members of the media, at the discretion of the director of the Facility, to take pictures/video of my child.

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 Facility 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 medicine consent form at that time.

Date _____ Signature _____

Parent Policies

I have read and understand fully the policies of Winnipeg Early Learning Christian Centre as outlined in the Parent Policy Manual. I agree to abide by these policies at all times.

Date _____

Signature _____

Photos

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

I give permission for the staff of Winnipeg Mennonite Early Learning centre to send these pictures to me electronically. If my child is included in group pictures, I also give permission for these photos to be sent to the families of the children in the picture.

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 the Facility.

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 The Facility 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 or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at admin@childcarepro.ca.

Date _____

Signature _____

Release of Information

I authorize the release of any information or records requested to the staff of the Facility. 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 _____

Sunscreen

I hereby authorize the Facility to apply SUNSCREEN SPF 30+ on my child during the season when children are at risk of the sun. I am aware that the Facility will post signs notifying me of this action in advance of the season.

Date _____

Signature _____

Withdrawal

I am aware that I must provide the Facility 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 and I will forfeit my deposit.

Date _____

Signature _____