



Mississippi
Mills

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The Municipality of Mississippi Mills
ALMONTE DAYCARE CENTRE/SCHOOLAGE PROGRAMS
REGISTRATION FORM/CONTRACT (A)

CHILD'S INFORMATION

Last Name _____ First Name(s) _____
Mailing Address _____
Town _____ Postal Code _____
Date of Birth (D/M/Y) ____ / ____ / ____ Resides with _____

SCHEDULE

Days Required Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____
A.M. ____ P.M. ____
Name of School _____ Grade _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____
Relationship to Child _____
Home Phone # _____ Cell Phone # _____
Mailing Address _____
Employer _____ Phone/Ext. _____
Work Address _____
EMAIL: _____

Last Name _____ First Name _____
Relationship to Child _____
Home Phone # _____ Cell Phone # _____
Mailing Address _____
Employer _____ Phone/Ext. _____
Work Address _____
EMAIL: _____

Marital Status:

Married__ Divorced__ Separated__ Single__ Widowed__ Common Law__

We require an original copy of any legal restrictions regarding custody and/or access.

Allocation of Invoice: _____ % (if applicable)

Siblings:	Name	Age	Gender	School	Grade

EMERGENCY/ALTERNATE PICK UP INFORMATION

Contact	Relationship	Address	Phone #/Ext

1. _____
2. _____
3. _____

MEDICAL INFORMATION

Family Doctor _____ Phone# _____

Address _____

Family Dentist _____ Phone# _____

Address _____

Does your child have any medical and/or physical conditions? (asthma, allergies etc.)

Does your child require an Epipen? Yes _____ No _____ (If you have checked yes, the Anaphylaxis Plan must be in place before your child can begin Daycare/School)

Special Diet _____

Medication Administered Regularly? (Please Specify) _____

IMMUNIZATION				
Age	D.P.T.	Hib	Polio	MMR
2 months				
4 months				
6 months				
12 months				
18 months				
4-6 years				

****Record of Immunization or exemption must be completed before Daycare commences****

PERMISSION FORMS

Parent(s)/Guardians Initial

_____ I hereby grant permission for my child to use all play equipment and participate in all activities at the Centre/School.

_____ I hereby grant permission for staff to administer sunscreen if and when required.

_____ I hereby grant permission for my child to leave the Daycare/School premises under the direct supervision of Daycare Staff for in town walks and field trips. (Out of town field trips require separate permission forms)

_____ I hereby grant permission to the Director/Supervisor or her designate to obtain medical care for my child if warranted.

_____ I have received and read the Almonte Daycare Centre/School Age Programs "Admissions and Policy Manual" and agree to adhere to the policies.

_____ I give permission for the use of my child's name/photo in newsletters, display boards, Photo Albums, Daycare Website or the Local Newspaper.

_____ I understand and agree that accounts must be in good standing to ensure that service is not disrupted and agree that all parties to the contract are joint and severally liable for all amounts owing to the Almonte Daycare Centre.

Signature (Parent or Guardian) _____ Date _____

Signature (Parent or Guardian) _____ Date _____

Requested date Daycare to commence _____

Office Use	
Official Start Date _____	File Closed _____

