



Mississippi
Mills

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

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/Guardian 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.

Signature (Parent or Guardian) _____ Date _____

Requested date Daycare to commence _____

Office Use
 Official Start Date _____ File Closed _____

