



Mississippi Mills Childcare Services

Registration Form/Contract

Infant/Toddler/Preschool

Child Information

Last Name: _____ First Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Date of Birth (D/M/Y): ____/____/____ Resides with: _____

Schedule

Check the boxes for days you require care

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Information

Last Name: _____ First Name: _____

Relation to Child: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Phone/Ext.: _____

Work Address: _____

Last Name: _____ First Name: _____

Relation to Child: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Phone/Ext.: _____

Work Address: _____

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

Siblings

Name	Age	School/Childcare Centre



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Emergency Contacts

Name	Relationship	Address	Phone

Medical Information

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

No Yes *Please specify:* _____

Does your child require an EpiPen?

No Yes *If "Yes", an Anaphylaxis Plan must be completed before your child begins childcare.*

Does your child have a special diet? _____

Does your child require daily medication? _____

Family Doctor: _____ **Phone:** _____

Mailing Address: _____

Family Dentist: _____ **Phone:** _____

Mailing Address: _____

**Please attach an up to date immunization record*

Permissions *Please initial on the corresponding line to indicate you give permission.*

_____ 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 when required.

_____ I hereby grant permission for my child to leave the Childcare/School premises under the direct supervision of _____ Childcare 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 Mississippi Mills Childcare Services/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, childcare website, local newspaper, or the municipality's social media.

_____ I give permission for group photos including my child to be sent to other parents using our Hi Mama App.

_____ 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: _____

