



# Mississippi Mills Childcare Services

## Registration Form/Contract

### School Age Programs

**Child Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Resides with: \_\_\_\_\_

**Schedule**

*Check the box indicating your child's school*

Holy Name of Mary     
  R. Tait McKenzie     
  Naismith

*Check the boxes for days you require care*

Monday       
 Tuesday       
 Wednesday       
 Thursday       
 Friday

AM PM      AM PM      AM PM      AM PM      AM PM

**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: \_\_\_\_\_

**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: \_\_\_\_\_

