



Mississippi Mills Childcare Services
Registration Form/Contract
Infant/Toddler/Preschool

Child Information

First Name: _____ Last Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

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

Schedule *Check the boxes for the days you require care. If you were offered a full-time spot, all boxes must be checked.

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/Guardian Information

First Name: _____ Last Name: _____

Relation to Child: _____

Main Phone: _____ Email Address: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

First Name: _____ Last Name: _____

Relation to Child: _____

Main Phone: _____ Email Address: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

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



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Siblings

Name	Age	School/Childcare

Emergency Contacts **Please list 2 emergency contacts other than main guardians*

Name	Relationship	Address	Phone

Alternative Pick-Up List **List people other than the main guardians who are allowed to pick-up your child with notice to educators*

Name	Relationship	Address	Phone

Check this box if you will be applying or have applied for subsidy through Lanark County
This will help coordinate your start date with your approval date for subsidy.



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Medical Information

Does your child have any medical needs and/or conditions (Allergies, asthma, autism, 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.

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

_____ I hereby grant permission for my child to leave the childcare premise under the direct supervision of a 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 their designate to obtain medical care for my child if warranted.

_____ I have received and read the Mississippi Mills Childcare "Parent Handbook" located on our website and agree to adhere to the policies.

_____ I hereby grant permission for the use of my child's name/photo in the classroom and childcare building.

_____ I hereby grant permission for group photos including my child to be sent to other parents using our Lillio App.

_____ I hereby grant permission for the use of my child's name/photo in newsletters, childcare website, local newspaper, or the municipality's social media.

_____ I understand and agree that accounts must be in good standing to ensure services are not disrupted.



Mississippi Mills Childcare Services provide a nutritious lunch and snacks each day. Occasionally parents choose to send food from home for their child, or items to be shared with other on special occasions. Staff ask that the following policy be respected.

- Parents must ensure that the provided food is nutritious and meets the guidelines from the Canada Food Guide. Snacks should include items from each of the food groups plus 1 extra fruit or vegetable.
- A few examples of some recommended food items are fruit, whole wheat bread, 100% fruit juice, cheese, milk, yogurt, eggs, pasta. Please do not include foods that are low in nutritional value and/or high in sugar content such as candy, chocolate bars, soda pop or high sugar drinks.
- Check food labels to ensure there are no nuts as we are a nut free facility.
- All food containers must be labelled with the child's name.
- Food items should be stored according to the instructions. Please include an ice pack should items need to be kept cold.
- Please inform the educator in writing of any food allergies or food restrictions your child may have.
- Food allergies are posted in the room where snack and lunch are served. Please be aware of food items that are restricted.

I am providing food for my child to be served at childcare as snack/lunch. I have been provided with information about the types of food items which need to be included in the snack/lunch as well as those which are not. I will ensure that food items will be stored according to the instructions. I understand that it is my responsibility to ensure all containers are labelled.

On special occasions such as birthdays my child has permissions to enjoy a special treat brought in by a friend.

Comments:

I have read and understand the "Outside Food Policy" and agree to adhere to this policy as directed by the Ministry of Education, Early Years Division.

Child's Name

Parent Name

Parent Signature

Date: _____



I, _____ give permission for Mississippi Mills Childcare Services to administer the following **non-prescription** topical cream (Vaseline, diaper cream, lotion etc.) to my child.

I agree to send in the **original container** with the **child's name** written on it.

I will give the centre a letter stating Mississippi Mills Childcare Services is to stop administering the cream should the need arise.

Child's name: _____

Name of Cream: _____

Cream used for: _____

Location on the body (face, body,) _____

Signature: _____ **Date:** _____

Emergency Record

Name:

Date of Birth:

(DD/MM/YYYY)

Admission Date:

Medical Concern:

Doctor:

Address:

Phone:

Contact:

Relation: Guardian

Cell Number:

Email:

Address:

Work Address:

Work Number:

Contact:

Relation: Guardian

Cell Number:

Email:

Address:

Work Address:

Work Number:

Emergency Contacts

Name	Relationship	Address	Phone

Alternative Pick-Up List *Staff must ask for ID and have prior approval from parents for an alternate P/U

Name	Relationship	Address	Phone

Permission for Photos Parent initial means permission has been granted.

_____ I hereby grant permission for the use of my child's name/photo in the classroom and childcare building.

_____ I hereby grant permission for group photos including my child to be sent to other parents using our Lillio App.

_____ I hereby grant permission for the use of my child's name/photo in newsletters, childcare website, local newspaper, or the municipality's social media.