



Mananstanshuk Mamo Kapshewin
 Little Lambs Gathering Day Care Centre
 2 Musko Road, P.O. Box 5000
 Constance Lake, ON P0L-1B0
 Phone: (705)463-1199 ext: 125 Fax: (705)463-2343

Child Registration Form

Office Use Only

| | |
|---|---|
| Date of Registration: _____ Intake Initials _____ | |
| Date of Termination: _____ | |
| Date of First Day of Attendance: _____ | |
| Program: _____ | |
| Teacher: _____ | |
| *Personal Information Documents included | Immunization Card Yes <input type="radio"/> No <input type="radio"/> |
| | Health Card Yes <input type="radio"/> No <input type="radio"/> |

Parent/Guardian Information

| | |
|---|-----------------------|
| Parent/Guardian Name: | |
| Address: | |
| Home Number: | |
| Work Number: | |
| Cell Number: | |
| Monthly Daycare Fee Payment Information: | |
| \$ 20 Dollar Registration Fee Included: | |
| Monthly Payroll Deduction (Copy attached) | <input type="radio"/> |
| Monthly Cash Payment | <input type="radio"/> |
| Infant/Preschool/Toddler Program | \$40 monthly |
| Afterschool Program | \$20 monthly |
| Half Day Program with Lunch | \$12 monthly |
| Half Day Program without Lunch | \$10 monthly |

Child Information

| |
|-------------------|
| Child's Name: |
| D.O.B: |
| Health Card #: |
| Family Physician: |

Allergies:

Medical Conditions/Health Concerns/Medications:
(If medication is required during care, medical consent form must be completed and signed)

Family Information

Living with: Mother Father Guardian Other

| | | |
|--------------------|--|--|
| Given & Surname | | |
| Mailing Address | | |
| Street Address | | |
| Home Telephone | | |
| Work Telephone | | |
| Cellular Telephone | | |

Legal Custody /Access Information:

If there is a concern with the child's well-being the school recommends a photocopy of the legal custody order/separation agreement or court order.

Documents attached: _____

Comments:

Emergency Contact Information (Persons listed must not be the child's parents)

1st Contact

Name of Contact: _____

Relationship to Student: _____

Home Number: _____ Work Number : _____

Cell Number _____

2nd Contact

Name of Contact:

Relationship to Student: _____

Home Number : _____ Work Number : _____

Cell Number: _____

Authorized Person (s) and Contact Info for Child Pick Up

| | |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

Specify the time you will be dropping off and picking up your child. Please note, non-working parent (s) and students designated pick up time is 3:30 p.m.

*Half Day Preschool Program: for those having lunch, the pickup time will be at 12:30. Child not staying for lunch, the pickup time will be at 11:45 for Preschool

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| Arrival Time | | | | | |
| Departure | | | | | |

Late fees will be charged every 5 minutes starting after your departure time. Childcare services will be discontinued until full payment is received.

Emergency Medical Attention Consent

I hereby, give my consent to have my child _____, given emergency medical attention, as necessary while in attendance at the Little Lambs Gathering Daycare Centre. Initial _____

Child Development

Child's habits, fears, routines:

Other important Information:

Daycare Fees

Monthly Daycare fees are to be paid to the finance department before the 1st of each month. Please see Jean Moore at the finance office to arrange for monthly payroll deductions. It is the parent/guardian's responsibility to contact the finance department once your child is no longer in daycare to stop payment. A copy of the payroll deduction form is to be forwarded to the Daycare Administrator. Initial _____

Consent for Outdoor Activity

Often, children attending Little Lambs Gathering Daycare Centre take part in outdoor activity (weather permitting). I therefore give my consent for my child to leave the centre to participate in activities (walks, cultural visits, etc...) organized by the Administration.

It is understood that:

- a) Daycare Employees will take all appropriate precautions to ensure my child's safety.
- b) The time, date and locations of special activities will be mentioned beforehand.
- c) Parents/Guardians are responsible to ensure their child(ren) eat prior to bringing their child(ren) to daycare if the bus leaves at 9:00 a.m.
- d) Parent is responsible to bring their child(ren) on time for the field trip.
- e) If they miss their ride, then he/she will be sent home
- f) The parent is responsible to provide their child (ren) with a packed lunch when asked by the Daycare. Initial _____

Parent Authorization

Please check on the box if you wish to be authorized by you.

- Sunscreen: I authorize the Daycare staff to administer, in conformity to the present protocol. Parents will need to purchase sunscreen by April.
- Insect Repellent: I authorize the Daycare staff, where applicable to use insect repellent on my child. Parents will need to purchase repellent by April.
- Photograph: I authorize the Daycare to take pictures of my child for public display.

Priority List of Care

Due to limited space available in our program, the Daycare will follow the following priority list for enrolment. Furthermore, in the event should a space become needed and child care is available at home, services may be discontinued. We thank you in advance for your cooperation and understanding.

Priority 1: Two full-time working parents or Single full-time working parent/Full-time Student(s)

Priority 2: Two part-time working parents

Priority 3: One working parent or Full-Time Student with one parent at home

Priority 4: Non-working parent(s)

Priority 5: Half Day Program Only

Please indicate which Priority you are applying for services under: _____

Please note: At the time of admission, if all required photocopied documentation are not submitted, an agreed amount of time to submit must be specified. If at the date of the specified time, documentation is not received, I understand that my child's care service will be discontinued.

Parents/Guardians are responsible to provide the Daycare Centre with new contact information when necessary or any changes that must be made to the application.

Prior to starting Daycare, all children must have a pair of indoor shoes, a change of clothing, diapers and wipes (if necessary).

I _____ have read and understood the Policies and Parent Handbook that was provided to me. Initial _____.

Meegwetch for your cooperation.

Parent/Guardian Signature: _____

Date: _____

Daycare Administrator Signature: _____