

Registration Form:

In order for us to understand and most effectively meet your child's needs, we would appreciate your cooperation in completing the following information.

Name of Child _____

Age _____ Date of Birth _____

Address: _____

Language Spoken at Home _____

Mother's Name _____ Home Telephone: _____

Mother's Address: _____

City/Province _____ Postal Code _____

Mother's Place of Employment/School _____

Employment/School Address _____ City/Prov. _____

Business/School Phone: _____ Pager/Cell Phone _____

Father's Name _____ Home Telephone _____

Father's Address _____

City/Province _____ Postal Code _____

Father's Place of Employment/School _____

Employment/School Address _____ City/Prov. _____

Business/School Phone _____ Pager/Cell Phone _____

Family Doctor _____ Phone # _____

Address: _____ Postal Code _____

Ontario Health Card # _____

Child's previous history and dates of communicable diseases

- | | | | | |
|---------------------------------------|---|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input checked="" type="checkbox"/> Small Pox | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Cholera | <input type="checkbox"/> Asthma | <input checked="" type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Tonsillitis | <input checked="" type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> German Measles | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Epilepsy | |

CHILD'S NAME _____

Emergency Information

Child's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

Home Telephone: _____ Home Telephone _____

Birthdate: _____ Employer/School: _____

Mother's Name: _____ Address: _____

Home Address: _____ Business Number: _____

Employer/School: _____ Pager/Cell Number: _____

Address: _____ Child's Doctor: _____

Business Number: _____ Doctor's Address _____

Pager/Cell Number: _____ Telephone: _____

Child's Health Card Number: _____

SPECIAL MEDICAL CONCERNS: _____

**Persons To Be Contacted
If Parents Cannot Be Reached**

**Person(s) authorized to
pick up your child:**

Name: _____ Name: _____

Relationship: _____ Phone Number: _____

Address: _____ Name: _____

Phone Number: _____ Phone Number: _____

Name: _____ Name: _____

Relationship: _____ Phone Number: _____

Address: _____ Name: _____

Phone Number: _____ Phone number: _____

Parents Signature: _____ Date: _____

Permission for Emergency Medical Treatment

Ontario Health Card # _____

Child's Name _____

Date of Birth: _____

If I cannot be reached in an event of an accident or other medical emergency, I give permission for A CHILD'S PLACE Staff to obtain immediate qualified medical assistance for my child _____. It is understood that every effort will be made to contact me immediately. I accept the responsibility for ensuring that A CHILD'S PLACE has an updated emergency information and that the required number (where I can be reached) are always available to the staff. I also accept responsibility for any expenses incurred for whatever medical assistance is required as determined by A CHILD'S PLACE. I hereby release A CHILD'S PLACE Staff of any liability with respect to the actions they may take in executing the authority given by this form.

Parent Signature: _____ Date _____

Parent Signature; _____ Date _____

Custody: Are there any custody arrangements we should be aware of? _____

Custody documents MUST be attached.

Are there other children in the family _____ Name and ages _____

Names of other people in the home _____

Relationship to child _____

DISPOSITION

Child's special interests _____

Indoor/outdoor activities _____

Names of playmates _____ Age _____

Does your child have temper tantrums? _____ How do you handle this _____

Does your child have any fears? _____ Explain _____

Has your child attended any organized classes or group experiences or had any previous child care experiences? _____

TOILETING

Is your child toilet trained? _____ If yes, how long has he/she been trained? _____

Does he/she wears diapers? _____ Trainers _____ Other _____

If trained, how does your child signal to go to the bathroom _____

Urination _____ Bowel movement _____

Does child go at specific times? _____ When? _____ Does child use toilet or potty _____

NAPS

Does you child take: pacifier or special toy to bed? _____ Usual time for nap _____

Usual length of nap _____ Usual evening time child goes to bed _____

Child Care Contract

This contract is entered into by and between _____ of _____
(Parent)
_____ hereinafter "Parent" and
_____ of _____ hereinafter "Provider", for the
(Address) (Address)
(Provider) purpose of securing arrangements for child care of _____
hereinafter "Child/ren". (Name of Child or Children)

The Parent Agrees:

1. To pay the Provider the rate of \$ _____ per _____ for child care services for their child/ren.
2. To pay the provider on _____
(when payment is due)
3. To pay the provider _____ for holidays and days when the child is
(Rate) absent due to illness or vacation. Such holidays shall consist of the following: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas.
4. To pay an **overtime rate** of _____ per _____ when the child/ren is picked up late. Late fee may be waived if prior notice is given to Provider by the Parent.
5. To provide the following supplies for their child: _____
6. To **have backup child care arranged** in the event of an emergency or illness of the provider.

The Provider Agrees:

1. To provide child care services for the above named child/ren for the hours and days stated below except in the case of illness and/or emergency.
2. To provide a safe environment for the children.
3. To provide appropriate activities and toys for the children.
4. To communicate with the parent about the needs and achievements of the child.

Both Parent and Provider Agree:

1. That the hours and days of child care shall be _____
(for example: Mon - Fri, 7:00am to 6:00pm)
2. That child care will not be provided if either the child or the Provider shall be considered to be too ill to receive or provide care.
3. That the Provider will give at least _____ notice of any planned vacations or temporary closings of the child care.
6. That a minimum of _____ notice is given by either the parent or provider to terminate this contract.
7. That parents may visit or call at any time during normal child care hours to discuss or check on their child/ren.

Parent Signature(s) _____ Date _____
_____ Date _____

Provider Signature _____ Date _____