



For Office Use Only	
Registration Fee Paid \$ _____	Deposit Paid \$ _____
Monthly Fee: \$ _____	Subsidy Y/N _____
Withdrawal Date: _____	

LICENSED CHILDREN’S SERVICES - PROGRAM REGISTRATION FORM

Child’s Name: _____ Date of Birth: _____

Site: Johnsview Our Lady of Fatima Welcome Centre Vaughan
 Maple Leaf

Service: Preschool Kindergarten
 Before School After School Before & After School

Enrolment Date: _____ Start Date: _____

Which days your child will be attending:

Monday to Friday (5 days) **OR** (check all that apply) M T W TH F

DROP OFF AND PICK UP INFORMATION

***Please note that Children will not be released to anyone not known to this centre, without written or verbal authorization form parents or guardians.**

Persons authorized to pick up your child (ren):

	NAME	RELATIONSHIP	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN CASE OF EMERGENCY, WHO SHOULD WE CALL IF PARENTS CANNOT BE CONTACTED

Name: _____ Phone #: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

FIELD TRIPS

I hereby consent to having my child leave the premises of the Child Care Centre from time to time, to participate in excursions to places of interest, planned as part of the child's program. It is understood that the supervision will be provided by members of the staff and every precaution will be taken for the safety of my child. I give permission for my child to take part in neighbourhood walks. Parents will also receive a written permission form prior to each field trip or excursion outside of the neighbourhood to enable them to decide at that time if they wish their child to participate in a Child Care activity. If I do not wish to have my child participate, I will make other arrangements for the care of my child.

YES _____ NO _____

PUBLICITY AND PHOTOGRAPHS

Parents are requested to give their consent to the appearance in any publicity arranged for the Childcare Centre through various media; radio, television, photos displayed in centre, slide presentation and other publicity or educational purposes. It is felt that it is important for the community to be kept informed of the Centre's program and good child development practices.

YES _____ NO _____

MEDICAL TREATMENT

While every possible effort will be made to reach parents, in the event of a medical emergency we require your permission to authorize and Doctor to give the necessary treatment to your child. I hereby grant permission for the operator, or designate, of the childcare centre to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following: attempt to contact a parent or guardian, attempt to contact the physician, or attempt to contact the child's emergency contact person. If the above cannot be reached we will transport the child to the closest hospital by ambulance, if necessary, or to the emergency department of the hospital, in the company of a staff member.

(Parent/Guardian signature)

(Date)