



Freight House Early Learning & Care Inc.

505 Ross Ave., Winnipeg, Mb., R3A 1P5 Ph: 772-4107, Fax: 772-9289

Infant Preschool School Age Lake St. Martin

Registration Form

CHILD INFORMATION RECORD FORM

Child's legal name: _____
Name commonly known as: _____
 Male Female Date of birth: _____
Languages known/spoken: _____

Family health number: _____
Personal health number: _____
Doctor's name: _____
Doctor's phone number: _____

Mother/Guardian

Father/Guardian

Name: _____
Home address: _____
Home phone: _____ Cell: _____ Text?
Home e-mail: _____
Work/school name: _____
Work/school address: _____
Work/school phone: _____
Work/school e-mail: _____

Name: _____
Home address: _____
Home phone: _____ Cell: _____ Text?
Home e-mail: _____
Work/ school name: _____
Work/school address: _____
Work/school phone: _____
Work/school e-mail: _____

Designated Emergency Contacts

Designate 2 people we can contact and release your child to in case of illness or an emergency if you are not available

Name: _____
Home address: _____
Home phone: _____ Cell: _____ Text?
Home e-mail: _____
Work/school e-mail: _____
Work/school name: _____
Work/school address: _____
Work/school phone number: _____

Name: _____
Home address: _____
Home phone: _____ Cell: _____ Text?
Home e-mail: _____
Work/school e-mail: _____
Work/school name: _____
Work/school address: _____
Work/school phone number: _____

List other people who have permission to pick up your child from the child care facility

LIVING AND CUSTODY ARRANGEMENTS

Child lives with: Mother Father Both Other (describe: _____)
If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No
Have copies been provided to the child care facility? Yes No Will be provided Will not be provided
Are you aware that the child care facility cannot ask the police to enforce custody arrangements if documents are not provided? Yes No
If applicable, are there any informal custody arrangements? Please describe: _____

SCHOOL INFORMATION (if applicable)

Name of school: _____	Method of transportation: _____
School phone number: _____	If applicable, transportation company: _____
Name of teacher: _____ Grade: _____	Transportation phone number: _____

**Describe any physical, developmental, emotional or medical conditions relevant to the care of your child.
Please be specific and give suggestions about how we can best accommodate these needs.**

Does your child have allergies to food, animals, medication, etc.? Yes No Describe: _____

If so, are the allergies life-threatening (anaphylaxis)? Yes No Describe: _____

Are there any cultural, religious or personal requirements or restrictions that we should be aware of? Yes No Describe: _____

Toilet Learning Please check all that apply to your child's present stage.

- | | |
|---|---|
| <input type="checkbox"/> completely capable of using toilet | <input type="checkbox"/> asks to use the toilet |
| <input type="checkbox"/> in diapers at all times | <input type="checkbox"/> will use the toilet if taken |
| <input type="checkbox"/> in underwear during day | <input type="checkbox"/> will not use the toilet yet |

Nap

- I want my child to nap: Yes No
My child usually naps from _____ to _____
I want my child to rest on a cot each day: Yes No

Is there any other information that may help us facilitate your child's transition into the child care facility? (Special interests, specific likes/dislikes, major changes with in family, etc.) _____

WRITTEN PERMISSION

- | | |
|---|--|
| I have read the parent policy manual. I understand and agree to abide by these policies. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have read the code of conduct. I understand and agree to abide by the code of conduct. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I will notify the facility immediately of any changes to the information provided on this form. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I give permission for outings (not requiring transportation in private or public vehicle). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| I give permission for indirect supervision as described in the parent manual. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| I give permission to discuss relevant information about my child's day with school staff. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |

If applicable, describe any arrangements for school-aged children to attend activities away from the child care facility at your request:

Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the child care facility to take whatever emergency measures deemed necessary for the protection of my child while in the care of the child care facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

<p>_____ Date</p> <p>_____</p> <p style="text-align: right;">Signature</p> <p>_____</p> <p style="text-align: right;">Parent name (please print)</p>	<p style="text-align: right;">_____ Date</p> <p>_____</p> <p style="text-align: right;">Signature</p> <p>_____</p> <p style="text-align: right;">Parent name (please print)</p>
--	---

For facility use: Date of enrolment: _____ Date of Withdrawal: _____