

New Fun Land Registration Form

Last Name _____ First Name _____

Birth Date _____ Start Date _____

Parent(s)/Guardian(s)

Last Name _____ First Name _____ Relationship to Child _____

Street Address _____ City/Town _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Place of Employment _____

Last Name _____ First Name _____ Relationship to Child _____

Street Address _____ City/Town _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Place of Employment _____

If parents are separated please indicated whether the other parent has permission to have contact with the child while in our care, and whether or not he/she is allowed to pick up the child. If there is now contact order for the noncustodial parent we will require a copy of the legal order for our files.

Parent/Guardian with legal custody: _____

Other Information: _____

New Fun Land will split fees between parents if requested. However if there is a discrepancy in fee amounts paid between the parents or a portion of the fees are late, one parents must assume responsibility for paying all fees.

Parent/Guardian who will assume responsibility for fees: _____

Emergency Contact: (Adult to contact if parents cannot be reached)

Name: _____ Relationship: _____

Telephone (work) _____ (home) _____ (cell) _____

Person(s) authorized to pick up my child (other than parent(s) or guardian(s)).

Any persons not listed will not be allowed access to your child without written consent. Any unfamiliar person will be required to show photo ID to collect a child.

Name: _____ Tel: (home/work): _____ (cell): _____

Relationship to Child: _____ Signature of Person: _____

Name: _____ Tel: (home/work): _____ (cell): _____

Relationship to Child: _____ Signature of Person: _____

Name: _____ Tel: (home/work): _____ (cell): _____

Relationship to Child: _____ Signature of Person: _____

Name: _____ Tel: (home/work): _____ (cell): _____

Relationship to Child: _____ Signature of Person: _____

Child's Health Questionnaire- To be completed by parents/guardians

Name of Child: _____ **MCP Number:** _____
MCP Expiry Date: _____

Physician and/or Clinic: Name: _____

Address: _____ Telephone: _____

***Please attach a copy of most recent immunization record – Mandatory for admission**

If an immunization record cannot be obtained before your child's first day; a waiver must be filled out and signed in order for your child to start.

Health and Development History – Please attach page if more space required

1. Describe your child's general health, ex. recurrent colds, ear infection, stomach aches, etc.

2. Does your child have any illnesses, conditions, or special needs which we should know about, ex. Asthma, diabetes, physical limitations? _____

3. Has your child received/been waitlisted for any of the following services: Speech Language Pathology, Occupational Therapist, Regional Autism Services, Janeway child Development, Audiology, Psychology, Direct Home Services, Child Youth and family Services (social Worker), Public Health Nurse, Hearing Test, Vision Test, Rainbow Team, other? _____

4. Is your child on any medications? Yes ___ No ___

If yes which medication and what is it for? _____

5. Has your child been to a dentist? Yes ___ No ___

Describe any dental problems _____

6. How do you describe your child's emotional, physical, and social growth and development? _____

7. Describe specific techniques used to settle your child? _____

8. Describe any particular fears that your child has? Ex. Animals, loud noises etc. _____

9. Describe any concerns you have about your child's diet and/or eating habits: _____

10. Does your child have any allergies? If so please describe: _____

11. How does your child usually react to new and/or stressful situations? _____

12. We would appreciate your views on guiding your child's behaviour and setting limits: _____

13. Name and age of other children in the household: _____

14. Is there anything else that you would like to tell us about your child to help us provide them with the best care? _____

Permissions – Must be signed by both parents

Field Trip Permission

I hereby give permission for my child _____ to participate in field trips or any other educational/leisure activities geared for my child away from the childcare center under the supervision of childcare staff. These field trips will include areas in short walking distances and will not involve transporting by vehicle.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Consent to Emergency and Transportation

If, due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize the child care service provider to take whatever emergency procedures s/he deems necessary for the protection of this child while in her/ his care.

I understand that this may involve calling a physician, interpreting and carrying out his/her instructions, and transporting my child to a hospital, including the possible use of an ambulance.

This could also include emergency transportation required as a result of fire or other environmental emergencies.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Consent to Administer Medication

“The staff at New Fun Land has my permission to administer non-prescription fever-reducing medication. I understand that fever-reducing medication will only be given if it is absolutely necessary, in the event of a sudden increase in my child’s temperature and it is not to given on a regular basis.

NOTE: Staff will make every effort to contact the parent and or emergency contacts to inform them of the child’s temperature and also to obtain verbal consent prior to giving fever-reducing medication.”

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Permission to Sunscreen and/or Insect Repellent

I give staff of New Fun Land permission to apply sun screen and/or insect repellent. I understand that I must provide sun screen (at least SPF 30) and insect repellent labelled with my child’s name if I chose to have this applied to my child.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Permission to Observe

I give consent to New Fun Land Childcare Centre to allow students and staff to observe my child during the day for educational purposes.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Permission to Photograph

I give staff of New Fun Land permission to photograph my child participating in activities at the childcare center or while on fieldtrips. These photos will be used for educational purposes at the center and to maintain communication with parents.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Permission for Use of Photos on Website

I give consent for New Fun Land Staff to use photos of my child on www.newfunland.ca

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Permission for Use of Photos on the Closed/Private Facebook Page

I give permission for New Fun Land staff to use photos of my child on the New Fun Land ___ private Facebook page.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

E-mail Address

New Fun Land uses email to advise parents of upcoming events, fee schedules, to distribute newsletters, etc. This is a more effective method of communication for most parents, and environmentally friendly too! If you would like to receive these reminders via email, please list your address below. If not we will provide paper copies to you.

Email Address _____

NEW FUN LAND POLICY AGREEMENT

Our center is privately owned and operated and depended on your fees for its continued operation. Fees must be paid in accordance to the policies in the parent handbook. We have no choice but to dismiss children when fees are in arrears.

By signing below you agree to provide two weeks' notice before withdrawing your child/ren from New Fun Land, and that fees will be paid in full every two weeks in advance.

By signing below you agree that you have read and understood all conditions and policies in the parent handbook and will follow the policies as stated.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

STAFF USE ONLY:

Child's Educators _____ Date: _____

Operator: _____ Date: _____

Date Childcare ended: _____