

Munroe ECEC School Age Programs

munroesa@shawbiz.ca

204 654-4377

204 793-7626

Fax 204 663-9369

Registration Form

All information must be completed in full or the child will not be accepted. Province of Manitoba Child Care Licensing body requires all information be filled out.

If any information changes, you are to let the program know immediately.

Child Information

Childs Name _____
(middle) (first) (last)

Sex M___ F___ Date of Birth (yy/mm/dd)_____ School Attending _____

Child Physician Dr. _____ Doctors Address _____

Doctors Phone Number _____

MHSC Number _____ PHN _____

Allergies _____

Medications taken _____

Support Needs _____

Siblings _____

Payment Information

Fee Payer _____ Phone Number _____

If Fee Payer is an Agency, Name of Agency and Contact Name

Email _____ Fax _____

Subsidy Number _____ Subsidy Start Date _____

Parent Portion _____

**It is important all Contact Information be filled out IN FULL
You must provide names of at least 2 contacts authorized to pick up
child(ren)**

First Contact to call

Relationship to Child _____

Check : Primary Caregiver [] Lives With [] Call in Emergency [] Can Pick Up []

Contact Name (first) _____ (last) _____

Home Address _____ Postal Code _____

Email _____

Occupation _____ Employer Name _____

Work Address _____ City _____

Hours / Days Worked _____

Home Phone (204) _____

Work Phone (204) _____ Ext _____

Cell Phone (204) _____

Second Contact

Relationship to Child _____

Check : Primary Caregiver [] Lives With [] Call in Emergency [] Can Pick Up []

Contact Name (first) _____ (last) _____

Home Address _____ Postal Code _____

Email _____

Occupation _____ Employer Name _____

Work Address _____ City _____

Hours / Days Worked _____

Home Phone (204) _____

Work Phone (204) _____ Ext _____

Cell Phone (204) _____

Additional Contacts

Relationship to Child _____

Check : Primary Caregiver [] Lives With [] Call in Emergency [] Can Pick Up []

Contact Name (first) _____ (last) _____

Home Address _____ Postal Code _____

Email _____

Occupation _____ Employer Name _____

Work Address _____ City _____

Hours / Days Worked _____

Home Phone (204) _____

Work Phone (204) _____ Ext _____

Cell Phone (204) _____

Additional Contacts

Relationship to Child _____

Check : Primary Caregiver [] Lives With [] Call in Emergency [] Can Pick Up []

Contact Name (first) _____ (last) _____

Home Address _____ Postal Code _____

Email _____

Occupation _____ Employer Name _____

Work Address _____ City _____

Hours / Days Worked _____

Home Phone (204) _____

Work Phone (204) _____ Ext _____

Cell Phone (204) _____

Siblings over 13 allowed to Pick Up/Drop Off

Name _____

Name _____

Permissions to be signed by Parent or Child Guardian:

Privacy Policy

Vari Tech is the program we use for Invoicing we need this permission signed. Information will NEVER be shared .We hereby request your consent to disclose the collected information to Vari Tech Systems Inc. for the purpose of managing the software childcarepro on behalf of The Facility and in accordance with the Vari Tech Privacy Code. I understand that Vari Tech Systems Inc. will not disclose such personal information without my further consent unless required or permitted by law. For additional information about the Vari Tech Privacy Code, please visit www.varitechsystems.com or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at admin@childcarepro.biz. This must be signed as it allows us to input child information for our emergency sheets.

Date _____ Signature _____

Sunscreen/Insect Repellant

I hereby authorize the Facility to apply SUNSCREEN SPF 30+ /OFF Skintastic Insect Lotion on my child during the season when children are at risk of the sun/and bugs. I am aware that the Facility will post signs notifying me of this action in advance of the season.

Date _____ Signature _____

Withdrawal Notice

I am aware that I must provide the Facility with two (2) weeks written notice before withdrawing my child. If I fail to do this, I will be required to pay for two (2) weeks of fees.

Date _____ Signature _____

Medication

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during Facility hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further, more detailed medicine consent form at that time.

Date _____ Signature _____

Sharing Information

I authorize the release of any information or records regarding my child between teaching staff/principles and child care staff. Separate permission will be signed as needed when other professionals need to be involved.

Date _____ Signature _____

Media

I give permission for members of the media, at the discretion of the director of the Facility, to take pictures/video of my child.

Date _____ Signature _____

Picture Video

I give permission for the Facility's staff to take pictures/videos of my child(ren) for Facility use only.

Date _____ Signature _____

Practicum

I give permission for my child to be observed by students in fields relevant to child care. All observations are kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by the Facility.

Date _____ Signature _____

Field Trips

I give permission for my child to accompany the Facility on field trips. I understand that this includes excursions on foot, with the Day Care Van or on public transportation. (ie. local parks/playgrounds; 7-11 stores; fire hall etc.). There is a detailed list of places we walk to posted in the room. In the summer a blanket permission for all trips must be signed.

Date _____ Signature _____

Emergency/Ambulance

In the event of an emergency I understand that an ambulance will be called. Families will be responsible for any charges incurred. Every attempt will be made to contact parents/guardians. Ensure your phone numbers are accurate at all times.

Date _____ Signature _____

Indirect Supervision

I give permission for my child to be allowed indirect supervision as outlined in the parent policies. Indirect supervision also includes children walking to/from washrooms.

Date _____ Signature _____

Subsidy

I understand it is my (parents) responsibility to be sure that all applications have been received and processed by the Daycare Office. I also am fully agreeable to pay fees in full when the subsidy is not covered.

Date _____ Signature _____

Fee Payment

I agree to pre pay all fees that apply to child care. I understand that if fees are not paid as agreed that care will be suspended until payment is made. I understand that fees must be prepaid. I agree and understand and will abide by all Parent Fee Policies. I understand that if I do not abide by these policies, my Day Care space could be terminated without notice. I also understand that I would still be responsible for my outstanding Day Care fees.

Date _____ Signature _____

Parent Policy

I have read and understand all the conditions, policies, and procedures as outlined in the Parent Policy Manual and agree to abide by all policies as outlined.

Date _____ Signature _____