

THE SALVATION ARMY MISSISSAUGA TEMPLE DAY CARE CENTRE

REGISTRATION FORM

OFFICE ONLY:

DATE OF ENROLLMENT: _____

DATE OF WITHDRAWAL: _____

REASON FOR WITHDRAWAL: _____

Name of Child _____ **Date of Birth** _____
M/D/Y

Address

_____ Street _____ City _____ Postal Code _____

Home Phone # _____

Mother/Guardian's Name _____

Address and Telephone Number if different than child's

_____ Street _____ City _____ Postal Code _____

Home Phone # _____

Cell # _____

Place of Business/School _____

Address

_____ Street _____ City _____ Postal Code _____

Phone # _____ **Ext.** _____

Father/Guardian's Name _____

Address and Telephone Number if different than child's

_____ Street _____ City _____ Postal Code _____

Home Phone # _____

Cell # _____

Father/Guardian's Information Continued

Place of Business/School _____

Address

_____ Street _____ City _____ Postal Code _____

Phone # _____ **Ext.** _____

Medical Information

Family Doctor _____

_____ Street _____ City _____ Postal Code _____

Phone # _____

Does your child have any medical conditions and or health concerns that we should be aware of:

(Example: **EPI-PEN, ASTHMA, HEART MURMURS**, etc.)

Yes _____ No _____

If yes, please describe

Does your child have any food or medication allergies we should be aware of:

Yes _____ No _____

If yes, please complete the section below:

Allergies Food _____
Medication _____
Life Threatening _____

All children attending a child care facility must provide a record of immunization or complete an exemption form

Immunization Record, please attach a photocopy

Emergency Information

Person(s) who has consented to pick up child in case of emergency and whom should be called if Parent or Primary Care Giver cannot be contacted.

Name _____ Relationship _____

_____ Street _____ City _____ Postal Code _____

Phone Numbers

Home _____ Business _____ Cell _____

Name _____ Relationship _____

_____ Street _____ City _____ Postal Code _____

Phone Numbers

Home _____ Business _____ Cell _____

Authorization Pick Up (excluding parents)

Name _____ Relationship _____

Phone Numbers

Home _____ Business _____ Cell _____

Name _____ Relationship _____

Phone Numbers

Home _____ Business _____ Cell _____

Written Authorization must be provided for anyone else

I agree that all the above provided information is true to the best of my knowledge.

Parent's Signature _____

Date _____

Consent for Walks

I give permission for my child to leave the premises of the Day Care Centre to participate in walks around the neighbourhood to the park and the local Tim Horton’s from time to time.

Consent for Photographs

I give permission for my child to be photographed at the Day Care Centre or on excursions.

Parent’s Signature _____ Date _____

Privacy Policy

Your privacy is important to us. Your personal information will only be used for specifically identified or reasonable purposes. Only individuals with valid reasons will have access to your personal information within the Salvation Army Mississauga Temple Day Care Centre structure. The centre will limit its collection, use and disclosure of your personal information to what is required to effectively deliver its services.

Depending on the circumstances, type and sensitivity of your personal information, the centre will use an appropriate form of consent to collect, use or disclose information about you. The centre will protect your personal information by using security safeguards appropriate to the sensitivity of the information and by treating all personal information with confidence. If you have any complaints or concerns about the manner in which your personal information was handled by the centre, simply contact the Day Care Supervisor.

General Information Sheet

Medical History

Please note the date in the space provided if your child has had any of the following communicable diseases:

Chicken pox _____ Meningitis _____ Rheumatic Fever _____

Measles _____ Diphtheria _____ German Measles _____

Pneumonia _____ Scarlet Fever _____ Whooping Cough _____

Diet

Is Your Child on a Special Diet? Yes _____ No _____

If yes, please describe

Rest Habits

Any Concerns

Toileting Habits

Is your child independent in the washroom? Yes _____ No _____

Any concerns

Fears

Does your child have any fears? Yes _____ No _____

If yes, please describe

Languages

Language Spoken in the home Primary _____

Secondary _____

Behaviour & Development

Any concerns in regards to **behaviour** or **development** that you would like our staff to monitor?

Previous Day Care Experience

Private Care Giver From _____ To _____

Positive Experience _____ Negative Experience _____

If negative please explain:

Day Care Centre From _____ To _____

Positive Experience _____ Negative Experience _____

If negative please explain:

Parent's Signature _____

Date _____