

Registration Form- Play School

Date: _____

Contact Information

Child's Name (first middle last): _____ Birthday: _____

Primary Email: _____ Primary Phone: _____

Physical Primary Address: _____

Town: _____ Province: _____ Postal Code: _____

Registration for term(s):

_____ - Summer (July-August)

_____ - Fall (September-December)

_____ - Winter/Spring (January- June)

Health and Safety

Health Care Number: _____ Province of Coverage: _____

1. Are your child's immunizations up to date? **Yes** **No**

2. Does your child have any allergies? **Yes** **No**

If yes, describe (allergen and reaction): _____

3. Does your child have any chronic health conditions that we should be aware of? **Yes** **No**

4. Is your child on any regular medications? **Yes** **No**

Note: Does your child have any regular medications? If yes, please obtain the appropriate form to list name, dosage, route, frequency, and reason for medications. You may also list as needed acetaminophen, ibuprofen, and/or diphenhydramine on an as needed basis for teething discomfort, chronic headaches, allergies, etc. (These medications will be dosed according to the package instructions and/or child's weight as appropriate)

If you answered yes to questions 2, 3, or 4, please ask a staff member for the required corresponding forms.

Parent/Guardian #1

Name (first middle last): _____

Home address (Legal Land description where applicable): _____

Town: _____ Province: _____ Postal Code: _____

Mailing address (if different from home address): _____

Town: _____ Province: _____ Postal Code: _____



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Date: _____

Primary Phone Number: _____ Home Work Cellular

Secondary Phone Number: _____ Home Work Cellular

Primary Email Address: _____

Parent/ Guardian #2



Name (first middle last): _____ **Address Same as above**

Home address (Legal Land description where applicable): _____

Town: _____ Province: _____ Postal Code: _____

Mailing address (if different from home address): _____

Town: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____ Home Work Cellular

Secondary Phone Number: _____ Home Work Cellular

Primary Email Address: _____

Are there any court orders or legal documents pertaining to the child that may affect the child care provider? Yes No

If yes, please provide copies of the appropriate documents. (i.e. custody orders, no contact orders, legal guardianship, etc.)

Emergency Contact:

Name (first middle last): _____ Relationship to child: _____

Home address (Legal Land description where applicable): _____

Town: _____ Province: _____ Postal Code: _____

Mailing address (if different from home address): _____

Town: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____ Home Work Cellular

Secondary Phone Number: _____ Home Work Cellular



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Consents:

I/we, _____, as parent(s)/guardian(s) of the child, _____, hereby give Country Kids Child Care permission:

- a. To administer medical attention in the form of first aid in the event of an emergency where the child is injured. The staff performing First Aid will be fully certified to do so.

Parent/Guardian Signature

Parent/Guardian Signature

- b. To administer medical attention in the form of cardio pulmonary resuscitation in the event of an emergency where the child is unresponsive. The staff will be fully certified to do so.

Parent/Guardian Signature

Parent/Guardian Signature

- c. To phone for assistance in the case of an emergency in the form of an ambulance, police or fire.

Parent/Guardian Signature

Parent/Guardian Signature

- d. To walk to and from as well as participate in activities such as circle time, skating, and sports with my child at the two local playgrounds and sport's grounds, bus stops, schools, library and arena in the Village of Standard when there is adequate supervision as determined by licensing.

Parent/Guardian Signature

Parent/Guardian Signature

- e. To walk with my child within Standard Village limits to bus stops, Standard School and Standard Library/Preschool where there is adequate supervision as determined by licensing.

Parent/Guardian Signature

Parent/Guardian Signature



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I/we, _____ agree to communicate with the CKCC team respectfully and in a timely manner per my/our child's needs and should any issues or concerns arise. Further, we acknowledge and release Country Kids Child Care from liability where minor injury and risks are involved in play and interactions with our facility animals (injury involving minor scrapes, bruises, abrasions, splinters, lacerations requiring minor first aid in the form of cold therapy, excision with tweezers, band-aids, etc.)

FEES:

2.5-5 years Tuesdays and Thursdays x 8 weeks: \$150.00/month

2.5-5 years Tuesday and Thursday with full or part time child care: \$75.00/month

Playschool registration: I/we commit to paying for the pre-scheduled days by post-dated cheque for the first of each month my child is registered or with monthly child care fees as invoiced. These fees are non-refundable.

I/we agree to adhere to CKCC policies per the Parent Guide and will respect the staff, children, and other parents to ensure a beneficial experience for everybody.

Parent/ Guardian #1 Name

Parent/ Guardian #1 Signature

Parent/ Guardian #2 Name

Parent/ Guardian #2 Signature