

# REGISTRATION FORM

CHILD INFORMATION			
Location:	<input type="checkbox"/> Mississauga, 1150 Eglinton Ave. E., Unit 103	<input type="checkbox"/> Burlington, 5353 Lakeshore Rd., E., Unit 18	Start Date:
Child's First Name:	Child's Middle Name:	Child's Last Name:	
Age Group :	<input type="checkbox"/> Infant 0-18mths	<input type="checkbox"/> Toddler 18 mths - 2.5 yrs	<input type="checkbox"/> Preschool 2.5-5yrs
Date of Birth: ( Day/Month/Yr)	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Care is Required:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time ( Mon-Wed )	<input type="checkbox"/> Part Time ( Wed-Fri )
Child's Home Address:	Street:		
Apt. / Unit #:	City:	Province:	Postal Code:
Language(s) spoken at home:			
Sibling Registered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:
PARENT / GUARDIAN 1		PARENT / GUARDIAN 2	
First Name:		First Name:	
Last Name:		Last Name:	
Relationship:		Relationship:	
Address: Same as Child Above		Address: Same as Child Above	
Street:		Street:	
Apt./Unit #:	City:	Apt./Unit #:	City:
Province:	Postal Code:	Province:	Postal Code:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
EMPLOYMENT		EMPLOYMENT	
Work Phone:		Work Phone:	
Business Name:		Business Name:	
Street Address:		Street Address:	
Unit #:	City:	Unit #:	City:
Province:	Postal Code:	Province:	Postal Code:
Authorized to Pick Up:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Authorized to Pick Up:
Custody Arrangements:		<input type="checkbox"/> Not Applicable	
		<input type="checkbox"/> As per Attached Agreement	
Name of Parent / Guardian who will be receiving the year end Childcare Tax Receipt:			

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## EMERGENCY CONTACT AND AUTHORIZED PICK-UP (other than Parent/Guardian)

Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Apt./Unit #:	City:	Province:	Postal Code:
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Apt./Unit #:	City:	Province:	Postal Code:
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No
Street:	Apt./Unit #:	City:	Province:	Postal Code:

## FAMILY PHYSICIAN INFORMATION

Family Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## IMMUNIZATION RECORDS

Yes, my child is fully immunized, and a copy has been provided to the supervisor.

No, my child has not been immunized and a copy was provided of either:  
[www.link Statement of Religious or Conscience Belief form](#) or [www.link Statement of Medical Exemption form](#)

## CHILDREN'S MEDICAL INFORMATION

Does your child have any know allergies at this time?      Yes      No

If yes, please list allergy(ies): \_\_\_\_\_

Has your child had an anaphylactic reaction to any of the above?      Yes      No

If yes, please describe: \_\_\_\_\_

Does your child require an Epi Pen?      Yes      No

Does your child have any medical concerns?      Yes      No

If yes, please describe: \_\_\_\_\_

Does your child require on-going medications?      Yes      No

If Yes to above, please provide names of medication and reason and dosage required. \_\_\_\_\_

If your child has allergies, medical concerns or requires on-going medication, please complete the applicable Health Forms.  
 Individual Action Plan for a Child with a Special Medical Condition  
 Individual Anaphylaxis Emergency Plan ( I A E P )  
 Administering Medication for Anaphylaxis

Has your child had any Communicable Diseases?	Chicken Pox	German Measles	Hepatitis
Yes      No	Red Measles	Mumps	Scarlet Fever
If yes, please describe and provide dates:	Whooping cough (Pertussis)	Other:	

Does your child have any special requirements with respect to rest/sleep or physical activities?      Yes      No

If Yes, please describe: \_\_\_\_\_

Does your child require Individual Support or have accommodation needs?      Yes      No

If Yes, please describe: \_\_\_\_\_

# REGISTRATION FORM

## FOOD RESTRICTIONS

Does your child have any food restrictions?      Yes      No

List foods to be avoided:

Reasons:  
 Food Allergy ( Anaphylactic )  
 Food Allergy ( Non-Anaphylactic )  
 Medical Concern  
 Personal Observance

## PARENT / GUARDIAN SIGNATURE FOR THE ABOVE INFORMATION ON PAGE 1 AND 2 AND 3

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION: Over the Counter Cream Application

All non-prescription creams/ointments must be accompanied by a completed authorization form. Parent/Guardian must hand deliver the cream / ointment in the ORIGINAL container to the classroom teacher. I give permission to my child's classroom teacher to apply the cream / ointment as described on the authorization form.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION: Sunscreen Application

All parents must supply and provide Small Wunders CCC with child's own personal sunscreen. Sunscreen must have a valid expiration date and must be labelled with child's name.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION: Photos and Videos

At Small Wunders, we love to capture your child's learning experiences through photographs and videos and share these with our families. These special memories may be posted on our classroom photo documentation board, shared through our Twitter App or become a part of your child & other children's personal portfolio.

I give permission to small wunders child care centre to share photographs/videos as described above

I give permission to small wunders child care centre to display photographs/videos of my child engaged in program activities through the centre's private twitter account. I would like access to my child's room where I can view what is being posted. My twitter handle is: \_\_\_\_\_.  
 Due to privacy issues, I agree to not retweet or share any posts provided by centre.

# REGISTRATION FORM

## PARENT / GUARDIAN AUTHORIZATION: Neighbourhood Excursions and Field Trips

I hereby consent to have my child leave the premises of Small Wunders Child Care Centre from time to time to participate in neighbourhood excursions / walks planned as part of their program and that details will be provided and posted prior to the event. I understand that advance notice and permission forms will be provided for all field trips where school bus transportation is necessary. It is understood that supervision will be provided by staff members and every precaution will be taken to ensure my child's safety. In the event of an accident or injury, Small Wunders Child Care Centre and all staff members are hereby released from any liability.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION: Medical Treatment

While every possible effort will be made to reach parents in the event of a medical emergency, we require your permission to authorize any doctor of a necessary treatment in the event of such an emergency. Small Wunders Child Care Centre may be required to contact emergency help before attempting to reach parents. Small Wunders Child Care Centre will take direction from emergency personnel, such as 911 operator, as required. Parents will be immediately notified after emergency help is notified. I hereby consent to medical treatment being given to my child, if at any time such treatment is necessary due to circumstances such as an accident, sudden illness or emergency. Small Wunders Child Care Centre and all staff members are hereby released from any liability due to circumstances and medical treatment received, as a result of such an emergency. I understand that any medical expenses incurred for such treatment are my responsibility.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## SMALL WUNDERS CHILD CARE CENTRE - PARENT CONTRACT

This will confirm that I have received a copy of the Parent Handbook and I have read, understand and agree to comply with all of the Small Wunders Child Care Centre's policies and procedures.

I understand that Small Wunders Child Care Centre reserves the right to make changes to these policies and procedures in order to meet the Childcare Centre's needs or new regulations and that I will be notified, in writing, of these changes.

I understand that failure to comply with any of the centre's policies and procedures may result in termination of childcare services.

Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Start Date:	Program Room:
Withdrawal Date:	Reason:

In receipt of Subsidy:

- No  
 Yes ( attach approval letter from the Region of Peel )

# REGISTRATION FORM

## Pre-Authorized Debit Agreement

I / We authorize Small Wunders Child Care Centre and the financial institution designated ( or any other financial institution I / We may authorize at any time ) to begin deductions as per my/our instructions for the bi-weekly or weekly regular recurring payments, for payments of all charges arising under my/our Small Wunders Child Care Centre account. Regular bi-weekly or weekly payments for the full amount of childcare services will be debited to my/our specified account every Friday or every other Friday. Small Wunders Child Care Centre will provide notification regarding any other debits.

weekly

bi-weekly

## Account Information

Parent / Guardian 1	Parent / Guardian 2 (Joint Account Holder – If Applicable)
Name on the account (Last Name, First Name, Middle Initial).	Name on the account (Last Name, First Name, Middle Initial).
Address:	Address:
Signature of the Account Holder:	Signature of the Joint Account Holder: (If Applicable)
Date:	Date:

Please attach a Cheque marked VOID or a PAD form  
( Pre-authorization Debit Form ) from your bank.

### Small Wunders Child Care Centre

Mississauga location: 1150 Eglinton Ave. E., Unit 103 Mississauga, ON L4W 2M6  
Phone: 905-290-0547. email: mississauga@smallwunders.ca

Burlington location: 5353 Lakeshore Rd., E., Unit 18 Burlington, ON L7L 1C8  
Phone: 905-634-7641. email: burlington@smallwunders.ca