

**MTJB Registration Form**

**Child's Information**

Child's Name:		Address:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	City:
Date of Birth: (MM/DD/YY)		Postal Code:	
School Child Attends:			

**Parent/Guardian Information**

<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Partner	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Partner
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian
Name:		Name:			
Address:		Address:			
City:		City:			
Postal Code:		Postal Code:			
Email Address:		Email Address:			
Home Phone:		Home Phone:			
Alternate Phone:		Alternate Phone:			
Work Phone:		Work Phone:			
Business Name:		Business Name:			
Business Address:		Business Address:			
Position:		Position:			
If Legal Guardian – Relationship to Child:		If Legal Guardian – Relationship to Child:			
Special Family Circumstances:		Special Family Circumstances:			

**EMERGENCY CONTACTS**

	NAME	ADDRESS	AUTHORIZED TO PICK UP (YES/NO)	RELATIONSHIP TO CHILD	PHONE NUMBER	ALTERNATE PHONE NUMBER
1						
2						
3						
4						

**Signatures**

Parent/Legal Guardian:		Parent/Legal Guardian:	
Date:		Date:	

**For Office Use Only**

**Start Date:** \_\_\_\_\_  
**Centre:**  
 \_\_\_ MMS \_\_\_ KMS \_\_\_ HC  
 \_\_\_ TR \_\_\_ CSS  
**Program:**  
 \_\_\_ Infant \_\_\_ Toddler  
 \_\_\_ PSA \_\_\_ K \_\_\_ SA

**Days of Care:**  
 \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F  
 \_\_\_ Scheduled \_\_\_ Casual  
**Hours of Care Req'd:**  
 Start \_\_\_\_\_ End \_\_\_\_\_

**Approval For:**  
 \_\_\_ Child Care  
 Management App  
 \_\_\_ Class Facebook Page  
 \_\_\_ Corp Facebook Page  
 \_\_\_ Website  
 \_\_\_ Photos \_\_\_ Videos

**Approve to Apply:**  
 \_\_\_ Sunscreen  
 \_\_\_ Bug Spray  
 \_\_\_ Hand Sanitizer  
 \_\_\_ Lip balm  
 \_\_\_ Diaper Cream  
 \_\_\_ Lotion

**Medical Information:**

Doctor's Name	Address	Phone Number

**\*\*NOTE - Immunization Record must be submitted prior to the child attending the program**

Immunization Record Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any reason to be exempt from immunizations? <i>*If yes - then a Doctor's note must be submitted</i>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

**Allergies: (food, medication, environment)**

Type of Allergy	Reaction to Allergen	Treatment Medication	Epipen Required?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTE:** If an EPIPEN is required - An Emergency Plan Form must be completed in consultation with a regulated health professional and signed by the child's parent/guardian. Return the plan at least ONE WEEK prior to the child's start date. An EPIPEN must be available at the Centre at all times. Anaphylactic children may not attend without an EPIPEN or other type of epinephrine auto-injector.

An Individualized Plan for A Child with Medical Needs Form must be completed for any child with Medical needs.

**Health Concerns:**

Does your child have any conditions that may require medication attention?

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Special Conditions (i.e., seizures, bee stings, bleeding disorders etc.) Please Explain

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Previous communicable diseases and conditions: (select all that apply)

<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Measles	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Fifts Disease	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Hand, Foot & Mouth	<input type="checkbox"/> Asthma
<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Rubella	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Impetigo
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Tubes in Ears	

Medications Required (be specific):

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Do you have any physical or developmental concerns for your child?

<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If Yes – Please explain:	

**About your Child:**

Siblings:

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Previous Childcare Experience (describe):

Play Activities Enjoyed by your Child:

<input type="checkbox"/> Outside Play	<input type="checkbox"/> Music	<input type="checkbox"/> Pretend Play	<input type="checkbox"/> Electronics	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Toys	<input type="checkbox"/> Active Play
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Your child's favorite toy:

Pets at home?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	*If yes – Pets Name(s):
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Your child's favourite food?

Do you consider your child to be a picky eater?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you consider your child to be a good eater?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have concerns about your child's eating habits?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your child have specific requirements with regard to diet, rest or exercise?

How would you describe your child's personality?

Does your child have any fears you are aware of?

What is your method of guidance? (i.e. Talking with child, time outs, distraction etc.)

**Infant to Preschool:**

Describe your child's sleeping and napping routines? (favourite toy, blanket, soother, need back rubbed?)

Is your child toilet trained?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What toilet words does your child use (i.e. pee, poop, bum):

Comments (anything else we should know about your child)?

**Emergency Medical Attention**

I hereby grant permission for the Program staff of More Than Just Babysitting Child Care Centre Inc. to take whatever steps necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any costs incurred.

**Arrival**

I understand that I am responsible to deliver and announce my child upon arrival to the Child Care Program.

**Field Trips/Transportation/Outings**

I hereby grant permission for my child to leave the licensed premises under the supervision of a staff member for field trips, community walks, etc. I understand the dated, time-limited specific forms will be issued for each field trip.

**Equipment & Activities**

I hereby grant permission for my child to use the play equipment and participate in all the activities of the Child Care Program.

**This Authorization**

I understand that by signing this document, I /we acknowledge and comprehend the above.

**Policies**

I, the undersigned have read and understood the parent handbook and will comply with policies and operating procedures of the Child Care Program.

**Signatures**

Parent/Legal Guardian:		Parent/Legal Guardian:	
Date:		Date:	

**Parent Authorization – Please check either “Yes or “No”**

- I hereby grant permission for my child’s name and photograph / video to be included in progress reports and evaluations and in media coverage, website, Facebook (closed classroom group) and newsletter publication for the purpose of publicity and promotion of the Child Care Program.

Child Care Management App	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Corp Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Photos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Videos	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- I hereby grant permission for staff to administer the following:

Sunscreen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bug Spray	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lotion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hand Sanitizer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lip Balm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diaper Cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Signatures**

Parent/Legal Guardian:		Parent/Legal Guardian:	
Date:		Date:	