Play and Grow Childcare Centre, 227 Drewry Ave, North York Ontario M2M 1E3 416-395-5098

http://www.playandgrowchildcare.com/

REGISTRATION FORM

Is your child registered at R. J. Lang E/MS? Yes ☐ No ☐

If not, please list school: _____

GENERAL INFORMATION

Child's Name:	
Preferred Name/Nickname:	
Date of Birth:	
Sex:	
Language(s) Spoken in Home:	
Siblings:	
Home Address:	
Subsidy File Number (if applicable):	
Home Telephone Number:	( )
Religious Considerations:	
Dietary Considerations:	

MOTHER'S/GUARDIAN'S INFORMATION

Name:	
Home Address:	
Home Phone Number:	( )
Cell Phone Number:	( )
Business Address:	
Business Telephone Number:	( )

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Occupation:	

FATHER'S/GUARDIAN'S INFORMATION

Name:	
Home Address:	
Home Phone Number:	( )
Cell Phone Number:	( )
Business Address:	
Business Telephone Number:	( )
Occupation:	

PERSONS AUTHORIZED TO PICK UP MY CHILD FROM THE PLAY AND GROW PROGRAM

Name:	
Relationship to Child:	
Address:	
Home Phone Number:	( )
Cell Phone Number:	( )
Name:	
Relationship to Child:	
Address:	
Home Phone Number:	( )
Cell Phone Number:	( )

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IN CASE OF EMERGENCY PERSONS TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED.

Name:	
Relationship to Child:	
Address:	
Home Phone Number:	( )
Cell Phone Number:	( )
Name:	
Relationship to Child:	
Address:	
Home Phone Number:	( )
Cell Phone Number:	( )

_____

Name of Parent/Guardian (please print)

_____

Signature of Parent/Guardian

_____

Date

_____

Name of Parent/Guardian (please print)

_____

Signature of Parent/Guardian

_____

Date

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FOR OFFICE USE ONLY	
Date of Admission:	
Date of Withdrawal:	

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MEDICAL INFORMATION FORM

Child's Name:	
Address:	
Home Phone Number:	( )
Date of Birth:	
Ontario Health Number:	
Child's Name on Card:	
Child's Doctor:	
Doctor's Address:	
Doctor's Phone Number:	( )

IMMUNIZATION DATES

	1st	2nd	3rd	Booster
Diphtheria				
Poliomyelitis				
Tetanus				
Pertussis				
M.M.R. Shot				
H.I.B.				

Enter dates (yyyy/mm/dd)

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PREVIOUS ILLNESSES (please check and indicate date (yyyy/mm/dd)

Chicken Pox	☐	German Measles	☐
Diphtheria	☐	Scarlet Fever	☐
Pneumonia	☐	Rheumatic Fever	☐
Tuberculosis	☐	Mumps	☐
Smallpox	☐	Asthma	☐
Bronchitis	☐	Tonsillitis	☐
Measles	☐	Pertussis	☐
Cholera	☐	Epilepsy	☐
Poliomyelitis	☐	Other	☐

OTHER INFORMATION

Allergies (specify)	Reaction

Has your child been hospitalized?	☐ yes ☐ no
If yes, when:	
If yes, reason:	
Other Medical concerns:	

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Date: _____

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AUTHORIZED PICK UP FORM

Complete for persons <u>other</u> than those listed on Registration Form.

Date: _____

I hereby authorize The Play and Grow Program and its staff to allow:

Name: _____

Relationship to Child: _____

to remove my child _____

from the premises on the following dates: _____

_____
Name of Parent/Guardian (please print)

_____
Signature of Parent/Guardian

_____
Date

This note will be kept in your child's personal file. A child will only be released to persons other than those indicated on the registration form if this form is completed.

<u>Each form will cover only one person</u>. Please complete an additional permission form for each person who might become an alternate pick up.

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EXCHANGE OF INFORMATION FORM

In order to best serve the children's needs, it is helpful for the school and the program to have opportunities to exchange information.

We would appreciate if you would complete and sign the attached permissions forms allowing this exchange of information.

I/we give permission for the staff of Play and Grow Program and the Staff of

_____ (please fill in school name)

to reciprocally exchange information about my child:

_____ _____

Name of Child Date of Birth

I UNDERSTAND THAT WRITTEN INFORMATION WILL BE KEPT IN MY CHILD'S PLAY AND GROW PROGRAM FILE.

_____

Signature(s) of Parent(s)/Guardian(s)

_____

Date

The Municipal Freedom of Information and Protection of Privacy Act, 1989, Subsection 32 (b) states: "An institution shall not disclose personal information in its custody or under its control except, if the person to whom the information relates has identified that information in particular and consented to its disclosure. For further information please contact the Consultant – Child Care Programs, North York Board of Education, 5050 Yonge Street, North York, Ontario, M2N 5N8 or telephone 416-395-8119.

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PARENTS' RESPONSIBILITIES

I have read the Parent Handbook.

I agree to the conditions of this agreement and I also agree to carry out the parent's responsibilities outlined in the Play and Grow Program Parent Handbook.

I agree to support the Program in its activities as required.

In case of a medical emergency if I'm not immediately available for consultation, I give permission to the Play and Grow Program to secure proper treatment for my son/daughter as selected by the Program Staff.

_____

Name of Parent/Guardian (please print)

_____

Signature of Parent/Guardian

_____

Date

_____

Name of Parent/Guardian (please print)

_____

Signature of Parent/Guardian

_____

Date