



Lespetitsoursons
Garderie francophone

REGISTRATION FORM

Identification

Child Full Name

Date of Birth

Address

Phone Number

City

Prov.

Postal Code

Parent/Guardian

Phone Number

Address

City

Prov.

Postal Code

Occupation

Workplace

Office Address

Office Phone Number

Email

Parent/Guardian

Phone Number

Address

City

Prov.

Postal Code

Occupation

Workplace

Office Address

Office Phone Number

Email

Parent/Legal Guardian

*Please include any custody order with your registration, as the daycare cannot withhold a child from his or her parent without legal documentation.



Emergency Contacts

Contact Name

Relationship to Child

Phone Number

Office Phone Number

Address

Contact Name

Relationship to Child

Phone Number

Office Phone Number

Address

Individuals authorized to collect my child

Name

Comments

Name

Comments

Emergency Authorization

Consent for Emergency Care and Transportation :

I hereby authorize the staff of **Garderie Les petits ours** to provide my child with the necessary emergency care. I also authorize the transportation of my child, by car or ambulance, to an emergency center for treatment; I also agree to release them from any liability.

Signature

Date

Consent to Medical Care and Treatments :

In the event that I am unreachable, emergency medical or surgical treatment may be administered to my child as prescribed by an attending physician. I release **Garderie Les petits ours** and its employees from any liability.

Signature

Date



Emergency Information

Child's Doctor

Phone Number

Usual Medication

Allergies

Health Conditions

Are your child's immunizations up to date?

Yes

No

Medication Administration

I understand that I must complete a medication administration form in order for the daycare to administer medication, and that the daycare cannot administer any medication, prescription or over-the-counter, unless accompanied by a doctor's note.

I understand that the daycare will administer medication according to the directions on the label and will only administer medication if it is given to the daycare in the original container. Parents/guardians and physician will be required to complete an emergency medication administration form when ongoing medication is required. (example: asthma medication or EpiPen)

Excursions

Consent to participate in field trips :

I hereby give my consent for my child _____ to participate in impromptu field trips (walks in the local park or neighbourhood) that will take him/her out of the daycare in order to enjoy the benefits of doing so.

In the event that an excursion is planned involving transportation in a vehicle, advance notice will be given and a separate request for permission will be provided to parents/guardians.

Signature

Date