



Peter Pan Child Care Centre Registration and Application Forms:

(To be completed fully by parents/guardians prior to admission)

Name of Child: _____

Home Address: _____

Date of Birth _____ MCP# _____ Expiry: _____

Parents/Guardians Information:

#1 _____ Tel(w) _____ Tel(h) _____ Tel(c) _____

Home Address: _____

Work Address: _____

Email: _____

#2 _____ Tel(w) _____ Tel(h) _____ Tel(c) _____

Home Address: _____

Work Address: _____

Email: _____

In Case of Emergency (Adult to contact if you cannot be reached)

Name: _____ Relationship: _____

Signature: _____ Tel: _____

All Adults permitted to pick up your child in an emergency must have their signature on file. ID will be checked by staff prior to allowing any person to take your child from the centre.

Authorized Individuals for Pick Up - All names **MUST have a signature and ID must be presented upon pick up.**

1. Name: _____ Relationship: _____
Tel (w) _____ (h) _____ (c) _____
SIGNATURE: _____

2. Name: _____ Relationship: _____
Tel (w) _____ (h) _____ (c) _____
SIGNATURE: _____

3. Name: _____ Relationship: _____
Tel(w) _____ (h) _____ (c) _____
SIGNATURE: _____

4. Name: _____ Relationship: _____
Tel(w) _____ (h) _____ (c) _____
SIGNATURE: _____

5. Name: _____ Relationship: _____
Tel(w) _____ (h) _____ (c) _____
SIGNATURE: _____

6. Name: _____ Relationship: _____
Tel(w) _____ (h) _____ (c) _____
SIGNATURE: _____

I, _____ (parent) of _____ (child) give my permission to release my child to any of the above-named contacts listed here.

Dated: _____ (signature) _____

Pick Up list can be changed or additional names can be added as required

Medical Information:

Family Physician: _____ Phone # _____

Family Physician Full Address: _____

Please check here if you do not have a physician at this time. Update as required.

Family Dentist: _____ Phone # _____

Family Dentist Full Address: _____

PLEASE NOTE: YOUR CHILD'S IMMUNIZATION RECORD MUST ACCOMPANY THIS REGISTRATION FORM. THIS INCLUDES BOTH THE OUTSIDE AND INSIDE OF THE REGISTRATION CARD IF APPLICABLE.

Statement of Immunization: (to be completed in event the immunization record is not available)

This is to confirm that (Name of Child): _____

- Is not immunized.
- Does not have a current and up to date record of immunization.
- Is awaiting a copy of my child's record of immunization.

I, parent/guardian am aware that my child may be asked to leave Peter Pan Child Care Centre at the request of a Public Health Official in the event of a communicable disease outbreak and may be unable to return for the duration of such outbreak.

Parent's Signature

Parent's Name

Date.

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Medical Information Continued...

1. Describe your child's general health (eg, recurrent colds, fevers, ear infections, stomach aches)

2. Does your child have any illnesses, conditions or special needs that we should be aware of? (eg asthma, diabetes, hearing, speech, etc)

3. To provide your child with the best environment possible, it is necessary for us to be aware if your child has or will be referred to a specialist for speech/language, behavioral, social/emotional issues. Please elaborate if so.

4. Is your child taking any medications? If YES, please explain what type of medication and what it is for.

5. Does your child have any food Allergies? YES___ NO___ Epi-Pen? YES___ NO___
If YES, please describe.

6. Does your child have any other allergies? YES___ NO____. If Yes, please explain.

7. Is your child on a special diet? YES_____ NO _____. If YES, please explain.

Let's get to know your Child:

1. Describe your child's sleeping habits and routines.

2. Is your child toilet trained? YES _____ NO_____.

3. Does your child require a daytime nap and if yes, for how long? YES_____ NO_____

4. Describe any fears your child has shown. (eg. Animals, loud noises, strangers)

5. How does your child react to new situations and environments?

6. We would appreciate your views on guiding your child's behaviour, setting limits and any other concerns you may have about your child in relation to their behaviour.

7. Is English your child's first language? YES _____ NO_____. If NO, what is your child's first language?_____

8. Is there anything else you would like to tell us about your child to help us provide the best care?

Consent for Emergency Care and Transportation:

If, due to such circumstances as injury or sudden illness where medical treatment is necessary, **I authorize Peter Pan Child Care Staff** to take whatever emergency measures deemed necessary for the protection of this child while in their care.

I understand that this may involve calling a physician, interpreting and carrying out his/her instructions and transporting my child to James Peyton Memorial Hospital by means of an ambulance or any other first responders transportation.

I understand that this may be done prior to contacting me and that expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that the staff at Peter Pan Child Care Centre will not be providing transportation for medical care and 911 will always be called in such a situation.

I understand that as the child's parent/guardian, I will be contacted immediately afterwards or in conjunction with 911 during a medical emergency.

Please sign below consenting to all above statements.

Name of Child: _____ DOB: _____

Parents Name: (Please Print) _____

Parents Signature: _____

Date Signed: _____

Administrator Signature: _____ Date: _____

Fever Reducing Medication Consent Form:

I hereby **give permission** to the staff of Peter Pan Child Care Centre to administer fever reducing medication to my child in the case of a sudden increase in my child's temperature.

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____ Dosage: _____

PLEASE NOTE: Your written consent will be kept on file. Every effort will be made to contact parents to inform them of the child's temperature and also to obtain verbal consent prior to giving fever reducing medication. This medication will only be administered when absolutely necessary, and in no case will be administered on a regular basis. This medication will be administered according to the manufacturers recommended dosage in accordance with the child's age and weight.

Staff will NOT be administering acetylsalicylic (ASA or ASPIRIN) in accordance with Childcare Services policy (regulation 13 (7)).

PLEASE SIGN BELOW ONLY IF YOU DO NOT GIVE PERMISSION FOR PETER PAN CHILDCARE STAFF TO ADMINISTER FEVER REDUCING MEDICATION.

I hereby DO NOT give permission to staff of Peter Pan Child Care Centre to administer Fever Reducing Medication to my child in the case of a sudden increase in my child's temperature.

Child's Name: _____ DOB: _____

Parents Name: _____ Signature _____

Date Signed: _____

Administrator Signature: _____ Date: _____

Other Consent Forms:

Consent to Photograph:

I hereby give my consent to allow staff of Peter Pan Child Care Centre, to photograph my child while attending the centre. Such pictures will only be displayed on the Private Facebook page for parents or in the classrooms only. This includes video recording as well.

Child's Name: _____ DOB: _____

YES I give consent _____ NO I do not give consent _____

Parent Signature: _____ Date: _____

Consent to apply sunscreen and/or insect repellent:

I hereby give my consent to allow staff at Peter Pan Childcare Centre to apply sunscreen and insect repellent that I supply for my child and is labeled with their name. YES _____ NO _____ (check one)

Child's Name: _____ DOB: _____

Parent Signature: _____ Date: _____

Field trip Consent:

I hereby give my consent to all my child _____ (name)

To participate in field trips for leisure/educational purposes while attending Peter Pan Childcare Centre. All trips will be provided under the supervision of Early Childhood Educators and will involve walking or by wagon for younger children. I am aware that all Educators are trained in First Aid and will always carry a First Aid Kit on such field trips as well as cell phones for emergency calls.

All field trips will take place within walking distance from the Centre.

YES _____ NO _____ (check one)

Child's Name: _____ DOB: _____

Parent Signature: _____ Date: _____

Medication Consent:

I understand that Educators at Peter Pan Child Care Centre are only allowed to administer **prescription medication** to a child. (fever reducing medications exempt)

I understand that every time my child has new medication, it must be given to the staff in the original container with the prescription label adhered.

I understand that a signed medication form giving clear directions for dispensing instructions must be provided.

I understand that it is my responsibility to give such medication to a staff in their hands. Medications are **never** to be left in a child's book bag. This includes puffers, allergy meds or fever reducing medications.

I understand that in order for our staff at Peter Pan Childcare Centre to Administer any **non-prescription medication** to my child, we must obtain written authorization from my Physician, Dentist or Nurse Practitioner with complete instructions for usage. (ie Benadryl).

I understand that Peter Pan Staff keep records and signatures of all medications given along with a second signature as witness to the dispensing of such medications.

Please sign below stating you understand the above statements.

Child's Name: _____ DOB: _____

Parent Signature: _____ Date: _____

Peter Pan Child Care Centre Handbook:

I sign below stating that I have read this handbook and I am aware of the policies and procedures of the Centre as outlined.

Parent Signature: _____ Date: _____

