

SHILO MILITARY FAMILY RESOURCE CENTRE

Occasional Childcare Registration Form

To ensure that your child receives quality care, the following information is important.

GENERAL INFORMATION:

PLEASE PRINT

Child Information:

Child's Name:

Date of Birth:

Mailing Address:

Parent/Guardian Information:

Parent/Guardian's Name:

Mailing Address:

Telephone Number:

(h) _____ (w) _____

(c) _____

Email address _____

Parent/Guardian's Name:

Address:

Telephone Number:

(h) _____ (w) _____

(c) _____

Email address _____

Status of parent/guardian in the child's family:

a) Single parent

b) Two parent

c) Other _____

MEDICAL INFORMATION IN THE EVENT OF AN EMERGENCY:

M.H.S.C. Number: _____

Phin: _____

Medical Clinic: _____

Telephone Number: _____

Family Doctor: _____

Emergency Contact:

Please provide the names of two people who may be contacted if neither parent is available:

1. Name: _____
Address: _____
Phone Number :(H) _____
(W) _____

2. Name: _____
Address: _____
Phone Number :(H) _____
(W) _____

RELEASE LIST INFORMATION:

To ensure the safety of your child, written permission must be given before your child will be released into the care of another. Please give the name of two individuals who may pick up your child. For a parent to denied from picking up their child(ren), we must have a copy of a court order signed by a magistrate.

1. Name: _____
Address: _____
Phone Number :(H) _____
(W) _____

2. Name: _____
Address: _____
Phone Number :(H) _____
(W) _____

BACKGROUND INFORMATION:

1. Please describe the childcare program that has provided care for your child in the past.

2. Does your child have any special disabilities or allergies that we should know about? If your child has allergies; please describe a typical allergic reaction.

3. Please describe or list any fears that your child may have. (For example: the dark, animals, etc.)

4. Does your child nap regularly, occasionally or not at all?

5. Is your child toilet trained?

6. What is your child's typical reaction to illness or stress?

7. What type of activities does your child enjoy participating in? (For example: craft, play dough, etc.)

The Staff of the Shilo MFRC will secure medical advice and services as deemed necessary for the health and safety of anyone participating in the Shilo MFRC Programs. The Shilo MFRC does not assume financial responsibility for any cost associated with seeking medical attention.

Having entrusted the care of my child to the Shilo Military Family Resource Centre, I hereby authorize the following: Please circle your response:

My child can participate in the MFRC excursions including walks on Base, nature walks, going to the water park, playgrounds on the Base, Community businesses/emergency services.

Yes

No

My child can be videotaped / photographed while involved in activities at the MFRC. I also understand that these photographs / videotapes may be published in the local media for the purposed of promoting the MFRC.

Yes

No

The childcare staff may observe my child. My child may also be observed by visiting students and the results of the observations be documented as part of college or university assignments.

Yes

No

I have read and understand the registration form.

Guardian/Parent Signature: _____

Date: _____

Witness Signature: _____