

# REGISTRATION FORM

## CHAMPLAIN LEARNING CENTRE & DROP-IN CENTRE

5355 HIGHWAY 34, VANKLEEK HILL, ON, K0B 1R0



Please note that this form does not guarantee a place for your child in one of our daycares.

### GENERAL INFORMATION

Child's name: \_\_\_\_\_

Date of birth(MM/DD/YYYY): \_\_\_\_\_ Gender:          Boy                  Girl

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Municipality: \_\_\_\_\_

### PARENT INFORMATION

#### Mother

Name: \_\_\_\_\_

Date of birth(MM/DD/YYYY): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

#### Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Father

Name: \_\_\_\_\_

Date of birth(MM/DD/YYYY): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

#### Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Legal Guardianship

For legal shared guardianship, you must provide a copy of the court document.

Parents are together

Shared

Mother

Father

### EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PERSONS AUTHORIZED TO PICK UP CHILD

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

### Doctor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Allergies

Allergies: \_\_\_\_\_

Epipen: \_\_\_\_\_

### Contagious Disease(s)

Whooping cough      No              Yes

Chicken Pox              No              Yes

Mumps                      No              Yes

Rubella                      No              Yes

Measles                      No              Yes

Other: \_\_\_\_\_

Daily medication: \_\_\_\_\_

## ATTENDANCE

Since this is a drop-in centre, you must call and reserve your spot for the day of services, unless you reserve same spots on same days.

Select the hours and days you would like to book in advance on a weekly basis:

Monday      Tuesday      Wednesday      Thursday      Friday

Morning

Afternoon

I don't want a weekly spot, I'll call the same day.

## OTHER RELEVANT INFORMATION

I understand that I shall pay the full daycare fees upon receipt of invoice.

I understand that I will need to give two weeks written notice before making any permanent changes to this contract.

The daycare is closed the first two weeks of August every summer. For the Christmas holiday, we send a survey to know which days to close.

I have read the Champlain Daycare Services parent guide and I will respect the rules and regulations as long as my child is using the services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADMINISTRATION USE ONLY

Admission date:

Discharge date:

### Information

Champlain Daycares  
50 Home avenue, p.o. box 551, Vankleek Hill, ON, K0B 1R0  
613 678-2123 | garderiedaycare@champlain.ca



# CONSENT FORM

CHAMPLAIN LEARNING CENTRE & DROP-IN CENTRE



## EMERGENCY MEDICAL TREATMENT

Child's name: \_\_\_\_\_

In case of an emergency medical condition, I authorize a member of Champlain Daycare Services to bring my child to the closest medical facility so that he/she can get immediate attention. It is understood that all efforts will be made to contact me as soon as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOS

Child's name: \_\_\_\_\_

I authorize the Champlain Daycare Services staff to take pictures of my child during different activities, to elaborate and prepare observations as per the Ministry of Education's new curriculum and based on the document "How does Learning Happen?" These pictures will be used at the daycare and on the private and closed Facebook group only and will not be used in any other form without my written consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PHOTO RELEASE WAIVER

Dear parents,

At Champlain Daycare Services, we use a private Facebook page/group that ONLY parents will have access to. On this group page, we will post information, activities and some pictures.

For this, we require parental consent to the sharing of pictures, again, to only those families that attend daycare. This group is private and closed and once children leave the services, access to the page ends.

Please fill out form below if you agree to picture sharing on our private Facebook group page.

I, \_\_\_\_\_, hereby authorize the taking of photographs of

\_\_\_\_\_

I authorize the use of such pictures for the sole purpose of sharing information on the private, closed Facebook group page for Champlain Daycare Services.

I understand that my name or my child's first name may be included in the credits and that head and face may appear in the pictures. I understand that the pictures are the property of Champlain Daycare Services.

I hereby release from liability the daycare, its parent, affiliates and subsidiaries, as well as the staff, agents and employees of such entities for their acts or omissions performed in connection with the taking and use of these pictures as long as they are only used for the private, closed daycare Facebook page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Information

Champlain Daycares  
50 Home avenue, p.o. box 551, Vankleek Hill, ON, K0B 1R0  
613 678-2123 | [gardieriedaycare@champlain.ca](mailto:gardieriedaycare@champlain.ca)

