

REGISTRATION FORM CHAMPLAIN DAYCARES



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

GENERAL INFORMATION

Champlain Daycare	Atelier des petits	Champlain Learning Centre
50 Home ave, Vankleek Hill 18 months to 13 years old	35 Longueuil Street, L'Orignal 18 months to 13 years old	5355 Highway 34, Vankleek Hill 4 years old to 13 years old
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: _____

Father

Name: _____

Date of birth (MM/DD/YYYY): _____

Cell phone: _____

Address (if different): _____

Email: _____

Employer

Name: _____

Address: _____

Phone: _____

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

ATTENDANCE

Days in attendance: Monday Tuesday Wednesday Thursday Friday

Arrival time: _____ Departure time: _____

*During the pandemic, arrival and departure times will be set by the administration.

PERSONS AUTHORIZED TO PICK UP CHILD

Name: _____ Phone: _____

Name: _____ Phone: _____

CHILD INFORMATION

Spoken and understood language(s): _____

Other children/siblings in the family: Only child

Name(s) and age(s) of other children: _____

Has he/she ever attended a daycare center? No Yes How long? _____

Eating habits: _____

Is he/she able to eat independently? No Yes

Favorite foods: _____

What is his/her nap routine? _____

Does he/she still need diapers? No Yes During nap time only

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: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name: _____ Phone: _____

Name: _____ Phone: _____

OTHER RELEVANT INFORMATION

I understand that I shall pay the full daycare fees upon receipt of invoice. This includes certain statutory holidays as well as all child's sick days and vacation days.

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 DAYCARES



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: _____

WALKS

Child's name: _____

I authorize the staff of Champlain Daycare Services to go for walks with my child at any appropriate time determined by staff.

Signature: _____ Date: _____

SUNSCREEN

Child's name: _____

I authorize staff to apply sunscreen, from the period from May 1st to October 1st.

Here are the body parts where sunscreen is authorized:

Face and neck

Arms and hands

Legs

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: _____

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