

REGISTRATION FORM

BEFORE AND AFTER SCHOOL PROGRAM

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



GENERAL INFORMATION

Champlain Daycare

50 Home ave, Vankleek Hill
18 months to 13 years old

Atelier des petits

35 Longueuil Street, L'Original
18 months to 13 years old

Champlain Learning Centre

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: _____

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

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.

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.

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: _____

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