

Brighton Children's Centre Registration Form

For Office Use Only

Date of Admission: ____/____/____

Date of Withdrawal: ____/____/____

CHILD INFORMATION

Child's Name:	Preferred Name:
Date of Birth (yyyy/mm/dd):	Age (years, months):
Home Address:	
Language(s) Spoken at Home:	
Schedule: TIME OF ARRIVAL: _____ TIME OF DEPARTURE: _____	

PARENT/GUARDIAN # 1

Name:	Relationship to Child:
Home Address: <input type="checkbox"/> Same as Child	
Home Phone#	Cell Phone#
Work Place/Address:	
Work Phone#	
Email Address:	

PARENT/GUARDIAN # 2

Name:	Relationship to Child:
Home Address:	
<input type="checkbox"/> Same as Child	
Home Phone#	Cell Phone#
Work Place/Address:	
Work Phone#	
Email Address:	

EMERGENCY CONTACTS

In the event of an emergency, if a parent cannot be reached, the following individual(s) will be contacted. Please list in order of preference. This contact needs to be within thirty (30) minutes of the Centre.

Name/Address	Relationship to Child	Phone #
		Cell # Home# Work#
		Cell # Home# Work#
		Cell # Home# Work#

PICK-UP AUTHORIZATION

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Name	Relationship to Child	Phone #
		Cell # Home# Work#
		Cell # Home# Work#
		Cell # Home# Work#

CUSTODY ARRANGEMENTS (if applicable)

Is there a legal custody arrangement pertaining to legal right and/or access to your child? **YES/ NO**

Is there a verbal arrangement pertaining to legal right and/or access to your child?
YES/NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

IMMUNIZATION RECORDS

You will be required to provide a copy of your child's immunization record prior to your child starting at the Brighton Children's Centre. The parent will be required to provide the Centre with all updated immunizations.

NOT REQUIRED FOR SCHOOL CHILDREN

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the Centre. These forms are available on the Ministry of Education's website.

HEALTH INFORMATION

If your child has had any history of communicable disease (e.g. chicken pox, measles), please list them below (Please refer to attachment.

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES/NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care Centre prior to the child's first day of care.

ALLERGY INFORMATION

Does your child have a **life-threatening** allergy (e.g., anaphylactic to peanuts or bee stings)? **YES/ NO**

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care Centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])? **YES/ NO** **(Children with food allergies will be required to meet with the cook)**

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

DIETARY INFORMATION

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? **YES /NO**

If yes, please provide relevant details:

PHYSICAL REQUIREMENTS

Does your child use diapers? **YES/NO**

If no, my child:

- Uses the washroom independently Requires some assistance Requires full support

Does your child require any additional support or accommodation with respect to physical activity? **YES/ NO**

Please provide relevant details:

SLEEP ARRANGEMENTS

How many naps does your child have each day? _____

What time does your child nap? _____

How long does your child nap for? _____

Does your child have special sleep requirements?

_____ (e.g., special stuffed animal, soother)

CHILD'S DEVELOPMENT

**Do you have any concerns regarding your child's development?
YES / NO**

If yes, is your child involved with a professional? Check applicable box.

- Children's Treatment Center
- Infant Development (CSBD)
(Counselling Services of Belleville and District)
- Five Counties Resource Consultant
- Other

If yes, please provide relevant details:

ADDITIONAL INFORMATION

Please indicate any additional information that is relevant to the care of your child (e.g., separation anxiety, flight risk, behavioral concerns).

Please provide relevant details:

PARENTAL AUTHORIZATION

MEDICAL RELEASE: In the event of an emergency where I, _____

cannot be immediately contacted, I hereby authorize any Brighton Children's Centre staff to arrange transporting my child by ambulance if necessary. I further consent to pay any incurred medical expenses that are not covered by health insurance plans.

Parent Signature: _____ **Date:** _____

FIELD TRIP/EXCURSION: I, as the child's parent grant permission for _____

to leave the premises of the Brighton Children's Centre program under the full supervision of the staff; by means of bus transportation or walks.

Parent Signature: _____ **Date:** _____

MEDIA RELEASE FROM: I, provide permission to the Brighton Children's Centre to photograph and/or audio-video tape my child and to use said material, in whole or in part, to promote the child care Centre through social media, television, film, radio, printed and or display form and/or also use the said material for observation purposes.

Parent Signature: _____ **Date:** _____

Product Application: I provide permission for the Brighton Children's Centre staff to apply the following non-prescription products that I will provide to the Centre. Check all boxes that apply. Please ensure all items are in their original container.

Sunscreen Insect Repellent Diaper Cream Lip Balms Hand Sanitizer

Parent Signature: _____ **Date:** _____

TAX RECEIPTS

Please identify the person who you want to appear on the invoice as they will be the individual that appears on the tax receipt.

NAME: _____ **PHONE #:** _____

ADDRESS: _____

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

PARENT NAME: _____ **SIGNATURE** _____

EXECUTIVE DIRECTOR: _____ **SIGNATURE:** _____

DATE SIGNED: _____

Office Use Only

Type of Child Care Required: Toddler Preschool Kinder School Age

TEACHER: _____ **ROOM #:** _____

Date of Orientation: _____

Orientation completed by: _____

\$50.00 one-time Administration Fee per child. **YES/NO**

Entered into system by: _____

Emergency card processed: **YES/NO**



BRIGHTON CHILDREN'S CENTRE PARENT AGREEMENT

I have read and understand the policies of the Brighton Children's Centre Childcare Program. I agree that I will abide by the policies set out in the Parent Handbook.

Child(s) Name Attending:

Parent's Name (printed): _____

Parents/Guardian Signature: _____