



Dundarave Preschool By The Sea Registration Form

A B O U T Y O U R C H I L D	Child's Name	Birthdate
	Address	Telephone
	Allergies	
	Medications	
	First Language / Cultural Celebrations	
	Previous Playgroup Experience	
	Siblings Names and Ages	
Schools Siblings are Attending		

C O N T A C T S		Parent /Guardian	Parent /Guardian	Nanny /Caregiver *
	Name			
	Work Phone			
	Cell Phone			
	Home Phone			
	Email			

* Please provide a daytime contact number, other numbers not necessary.

E M E R G E N C Y		Emergency Contact	Emergency Contact	Out-of-Province Emergency Contact
	Name			
	Work Phone			
	Cell Phone			
	Home Phone			
	Relationship to Child			



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Authorizations and Consents

Alternate Guardians ...

In addition to the parents/guardians and emergency contacts listed on the previous page, the following people are authorized to pick up my child from Dundarave Preschool.

P I C K U P		#1	#2	#3	#4
	Name				
	Phone				
	Relationship				

I/We hereby authorize any of the above listed emergency contacts and alternate guardians to pick up and remove my child from Dundarave Preschool in my absence. I also authorize the staff or Dundarave preschool caring for my child to use any of the above information in the event of an emergency.

Print Name

Signature

Date

Witness

I/We give permission for my child to take part in all aspects of the Preschool program including regular daily activities of the program, neighbourhood walks, field trips, class photos and visits from the Public Health Nurse.

Print Name

Signature

Date

Witness

I/We hereby consent that videotapes, photographs, motion pictures, electronic images and/or audio recordings of my child may be used by Dundarave Preschool Society, its assigns or successors for internal use within the program or for Public Relations and Publicity purposes. I understand that all items shall be the property of Dundarave Preschool Society.

Print Name

Signature

Date

Witness



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Health and Medical Information

Child's Name	Carecard #
Doctor's Name	Telephone
Dentist's Name	Telephone
Allergies	
Medications	

It is our policy to notify a parent/guardian when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child.

I/We hereby authorize the staff of Dundarave Preschool to call a physician or summon an ambulance for emergency medical aid in case of accident or illness to my child _____ should they feel such services are required and I cannot be immediately contacted by phone. I understand that, if such an emergency should arise I shall be notified as soon as possible. I agree that costs incurred for such services shall be the sole responsibility of myself.

Print Name _____ Signature _____

Date _____ Witness _____

M E D I C A L H I S T O R Y	Does your child have any potentially life threatening conditions that may require emergency care? Comment:	Yes	No
	Does your child require medications at the child care centre?	Yes	No
	Does your child have any known vision problems?	Yes	No
	Does your child wear glasses?	Yes	No
	Does your child have any known hearing loss?	Yes	No
	Does your child have chronic ear infections?	Yes	No
	Is your child involved with or seen regularly by any other community health professionals such as Speech Therapist, Occupational Therapist, Physiotherapist, Supported Child Development Consultant, Infant Development Consultant? Comment:	Yes	No



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Immunization Record

In order to protect the health of your child and the other preschool aged children, all parents / guardians of children seeking admission to any child care centre must provide a statement of their child's health status. This form MUST be completed as part of the registration package. Immunizations are available and recommended for the following communicable diseases:

Diphtheria, Poliomyelitis, Rubella (German Measles), Rubella (Red Measles), Mumps, Haemophilias Influenza (Type B), Pertussis (Whooping Cough), Tetanus, Chicken Pox and Hepatitis B.

Please list your child's immunizations and their corresponding dates:

	Immunization	Date Given
I M M U N I Z A T I O N S	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

I/We have chosen **not** to immunize our child.

Print Name _____

Signature _____

Please note: CHILDREN WHO ARE NOT PROTECTED BY IMMUNIZATION MAY BE EXCLUDED FROM THE CHILD CARE CENTRE FOR THE DURATION OF A COMMUNICABLE DISEASE OUTBREAK ON THE RECOMMENDATION OF THE PUBLIC HEALTH NURSE OR MEDICAL HEALTH OFFICER.



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Acknowledgement and Limitation of Liability

The undersigned hereby represents and confirms that they are the custodial parent and legal guardian of the child being registered at Dundarave Preschool and, in accordance with Dundarave Preschool accepting and caring for my child while in attendance at the preschool, agrees to the limitation of liability hereinafter set out.

The undersigned further acknowledges that Dundarave Preschool carries comprehensive General Liability Insurance with limits to certain terms and conditions as more particularly described in the Policy and that Dundarave Preschool's ability to respond to any claim the undersigned may have on their own behalf or on behalf of their child is restricted to the coverage available to the Preschool under the Policy. In these circumstances, the undersigned agrees that in consideration of Dundarave Preschool accepting their child into the Preschool they agree to limit any claim or claims they may have against Dundarave Preschool, its directors, officers, employees, representatives, administrators successors, assigns or volunteers for any loss, costs, damage, injury or expense suffered by the undersigned or the undersigned's child arising either directly or indirectly out of the child's attendance at Dundarave Preschool shall be limited to the amount of collectable insurance available to the Preschool for any claim or claims. The undersigned further acknowledges and agrees that this limitation of liability shall apply notwithstanding that the undersigned or the undersigned's child claim may arise out of the negligence of the Preschool or any one or more of its directors, officers, employees, representatives, administrators successors, assigns or volunteers.

Child's Name

Date of Enrolment

Print Name

Signature

Date

Witness



Dundarave Preschool By The Sea Registration Form

Emergency Identification Form

Child's Name	Birthdate
Address	Telephone
Allergies	Carecard#
Medications	
Medical Conditions / Differences or Alerts	

I/We hereby authorize the staff of Dundarave Preschool to call a physician or summon an ambulance for emergency medical aid in case of accident or illness to my child _____ should they feel such services are required and I cannot be immediately contacted by phone. I understand that, if such an emergency should arise I shall be notified as soon as possible. I agree that costs incurred for such services shall be the sole responsibility of myself.

Print Name _____ Signature _____

Date _____ Witness _____

		Parent /Guardian	Parent /Guardian	Doctor	Dentist
C O N T A C T S	Name				
	Work Phone				
	Cell Phone				
	Home Phone				
	Employer				
	Work Address				
	Days and Hours at Work				