

Enrollment Date: \_\_\_\_\_

Information Update Only: \_\_\_\_\_



220 Bayside Dr, Lethbridge, NL  
Mholloway00@live.com  
(902)802-6112

# Registration Form

Child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M\_\_ F\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Full name of Mother: \_\_\_\_\_ Email \_\_\_\_\_

Mother's Address: Same  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1st

Full name of Father: \_\_\_\_\_ Email \_\_\_\_\_

Father's Address: Same  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1st

## Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

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

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

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

## Child's Health Information and History

Child's Doctor: \_\_\_\_\_

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

Are your Child's immunizations up to date? Yes ( ) No ( )

If not up to date, please explain:

\_\_\_\_\_

Does child have any known health problems? Yes ( ) No ( )

Does your child get colds/flu often? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Check (√) any of the following illnesses the child has had:

- Asthma    Earaches    Mumps    Whooping Cough    Bronchitis
- Eczema    Pneumonia    Polio    Chicken Pox    Frequent Colds
- Croup    Convulsions    Measles    Influenza    Rheumatic  
Fever
- Diphtheria    Tonsillitis    Other: \_\_\_\_\_

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

\_\_\_\_\_

Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

\_\_\_\_\_

Has your child ever been tested for the above? Yes ( ) No ( )

\_\_\_\_\_

\_\_\_\_\_

Please comment on any other medical information/or special need the child care provider should be aware of:

\_\_\_\_\_

\_\_\_\_\_

## Medication and Emergency Care Authorization

I authorize **Marnie Holloway** to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes  No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes  No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, hand sanitizer.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize **Marnie Holloway** to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions:

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## Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to **Marnie Holloway** to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

**In Addition:**

- I give permission for photos/videos to be posted on our Facebook page (to share your child's day).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

- I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

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(Date)

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(Signature of parent/guardian)

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(Date)

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(Signature of parent/guardian)