

HARSTONE CHILDREN'S CENTRE (check Centre attending)

()	Main Site	905 Sargent Avenue, Winnipeg, MB	R3C 0C9	204 - 783 - 6175
()	Dominion Site	948 Sargent Avenue, Winnipeg, MB	R3E 0E2	204 - 783 - 1522
()	Minto Site	687 Minto Street, Winnipeg, MB	R3G 2R3	204 - 772 - 9288
()	Alverstone Site	875 Alverstone Street, Winnipeg, MB	R3E 2H4	204 - 775 - 7847
()	Principal Sparling Site	1150 Sherburn Street, Winnipeg, MB	R3E 2N4	204 - 779 - 4585
()	Clifton Site	1070 Clifton Street, Winnipeg, MB	R3E 2T7	204 - 779 - 8274

REGISTRATION FORM**General Information**

Child's Legal Name: _____

First Name
Last Name
Middle Name

Name Commonly Known As: _____

Lang Spoken: _____

Sex Male Female Other _____

Birthdate _____

Facility Start Date _____

Subsidy Information

Have you applied for subsidy? Yes No Not Required

Submission Number _____ Subsidy Number: _____

Submitted Application on: _____

Sent Documents on: _____

Inclusion Support

Inclusion Support Worker Required? Y N Hours Required Per Week _____

Program

Program Infant (under 2) Pre-School (2-5) School Age (6 and up)

Contacts

Parent/Guardian's Name _____
 First Name Last Name

Relationship to Child _____ Primary Care Giver Yes No

Address _____
 Street City Postal Code

Home Telephone _____ Work Telephone _____

Cell Number _____ Email _____

Occupation _____ Employer's/School's Name _____

Employer/School Address _____
 Street City Postal Code

Days & Hours Worked _____

Check All Relevant: Lives With Pick Up Authority Restraining Order Emergency

Parent/Guardian's Name _____
 First Name Last Name

Relationship to Child _____ Primary Care Giver Yes No

Address _____
 Street City Province Postal Code

Home Telephone _____ Work Telephone _____

Cell Number _____ Email _____

Occupation: _____ Employer's/School's Name _____

Employer/School Address _____
 Street City Postal Code

Days & Hours Worked _____

Check All Relevant: Lives With Pick Up Authority Restraining Order Emergency

Custody Arrangements:

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Have copies been provided to the Facility? ___ Yes ___ No ___ Will be provided ___ Won't be provided

Are you aware that the child care facility cannot ask the police to enforce custody arrangements if documents are not provided? Yes No

If applicable, are there any informal custody arrangements? Please describe: _____

Contact's Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Home Telephone: _____ Cell Telephone: _____

Work/School Telephone: _____ School/Employer's Name: _____

Work/School Address _____

Relationship to Child _____ Primary Care Giver Yes No

Check All Relevant: Emergency Contact Alternate Care Lives With Pick Up Authority

Contact's Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Home Telephone: _____ Cell Telephone _____

Work/School Telephone: _____ School/Employer's Name: _____

Work/School Address _____

Relationship to Child _____ Primary Care Giver Y N

Check All Relevant: Emergency Contact Alternate Care Lives With Pick Up Authority

Contact's Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Home Telephone: _____ Cell Telephone _____

Work/School Telephone: _____ School/Employer's Name: _____

Work/School Address _____

Relationship to Child _____ Primary Care Giver Y N

Check All Relevant: Emergency Contact Alternate Care Lives With Pick Up Authority

SCHEDULE

Arrival Time _____ Departure Time _____ Days M T W TH F

Arrival Time _____ Departure Time _____ Days M T W TH F

Additional Information:

SCHOOL INFORMATION

Name of School: _____ Phone Number: _____

Name of Teacher: _____ Grade: _____

Method of Transportation: _____ Bus # (if applicable): _____

Transportation Phone Number: _____

HEALTH & MEDICAL INFORMATION

Mhsc Number (6 digit #) _____ PHN Number (9 digit #) _____

Additional Health Coverage – Name of Company _____ Health Plan # _____

Allergies (Food, Medications, Animals etc?) _____

If so, are the allergies life-threatening (anaphylaxis?) Yes No

Describe: _____

Special Needs Diagnosis _____

FAMILY PHYSICIAN

Physician's Name _____

Clinic Name _____ Position _____ Field Of Expertise _____

Address _____
Street City Province Postal Code

Office Telephone _____ Alternate Telephone _____

GROWTH & DEVELOPMENT

List any social, cognitive, emotional, physical or developmental concerns we should know about:

Eating Habits _____

Food Dislikes _____

Food Likes _____

Toilet Learning: Please check all that apply to your child's present stage:

- | | |
|--|----------------------------------|
| ___ completely capable of using toilet | ___ asks to use toilet |
| ___ in diapers at all times | ___ will use the toilet if taken |
| ___ in underwear during the day | ___ will not use the toilet yet |

Nap Information:

My child usually naps from _____ to _____

Dressing Help Information _____

Favourite Activity _____

Playing Habits _____

Playing Difficulties _____

Friends _____

Previous Care _____

Siblings Names & Ages: _____

EMERGENCY

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by a physician selected by the Centre and/or emergency personnel on scene. I agree to cover all costs of transportation, as per Parent Policy. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians as listed in the registration forms at the Centre.

Date _____

Signature _____

FIELD TRIPS

I give permission for my child to accompany the Centre on field trips, as per Parent Policy. I understand that this includes excursions within walking distance around our neighbourhoods. (ie local parks/playgrounds, fire halls, walks, splash pads etc.)

Date _____

Signature _____

INSECT REPELLENT

I hereby authorize the Centre to apply Insect Repellent on my child during the season when children are at risk from insect bites, as per Parent Policy. The deet content will be no higher than 10% and each family is responsible for bringing in one bottle to be used by all. I am aware that the Centre will post signs notifying me of this action in advance of the season.

Date _____

Signature _____

INSTAGRAM PERMISSION

I hereby give permission for Harstone Children's Centre to post photos a/o video of my child(ren) for use on our Instagram page, as per Parent Policy. Names and personal information will be omitted. This is a private page and only parents and staff have access.

Date _____

Signature _____

MEDIA

I give permission for members of the media, at the discretion of the Executive Director, to take pictures/videos and use my child's name in context of a news item or report, as per Parent Policy.

Date _____

Signature _____

MEDICINE

I give permissions for Harstone Children's Centre to administer medication to my child, as per Parent Policy. The medicine will be a prescription and be provided in the original container to a staff person with the prescription legible, indicating the date, doctor's name, dosage and directions. I will sign a further, detailed medicine consent form at that time.

Date _____

Signature _____

PERMISSION FOR PICTURES

I give permission for the Centre staff to take pictures of my child(ren) for Centre use only as per Parent Policy. Workplace Staff completing assignments may require photos for school.

Date _____

Signature _____

PRACTICUM

I give permission for my child to be observed by students in fields relevant to child care if these observations are kept in confidence and used only as a means to fulfill their course requirements, as per Parent Policy. These observations must be approved by the Centre. Staff attending Workplace Programs may be required to take photos of children for assignments.

Date _____

Signature _____

RELEASE OF INFORMATION

I authorize the release of any information or records requested to the staff of the Centre, as per Parent Policy. This information will generally be requested from the program the child is transferring from or other professionals that are or have been involved with the child.

Date _____

Signature _____

SUNSCREEN

I hereby authorize the Centre to apply Sunscreen SPF 30 on my child during the season when children are at risk from the sun, as per Parent Policy.. Each family is responsible for bringing one bottle to be used by all.

Date _____

Signature _____

WITHDRAWAL

I am aware that I must provide the Centre with two (2) weeks notice before withdrawing my child(ren) , as per Parent Policy.. If I fail to do this, I will assume the responsibility of paying two (2) weeks of fees.

Date _____

Signature _____

SKILL SETS

What skills, hobbies or interests do you or your partner have that may be of value to the centre?
(carpentry, sewing, etc)

PARENT AGREEMENT

As a Parent or Guardian, I will read the Parent Policy Manual, including the Code of Conduct. I will adhere to all of the policies, including the following:

- () I will pay a \$50.00 non refundable fee once registration is submitted.
- () I will pay a Cash Late Fee (to Staff on duty) of \$10.00 for every 15 minutes (or part thereof), per child, that I arrive late at the Centre. Harstone Children's Centre closes at 5:30 PM.
- () Invoices and receipts are issued electronically via email to one parent deemed payee.
- () I understand that my fees are due one week after invoices are issued, unless arrangements have been made with the Executive Assistant. I also understand that invoices due during a holiday period are my responsibility to be paid on time regardless of whether my child is attending or not.
- () One late fee of \$10.00 will be applied to all overdue accounts. Accounts not paid in full by the following week, will result in your child/children being suspended from the program. If your account is not paid in full at the end of the 2 weeks, your child will be withdrawn and your account will then be sent to collections.
- () I understand that bills are issued every 4 weeks to the total of 13 billing periods per year.
- () Payment arrangements that are made for once a month, must include the current invoice plus 1/12 of the 13th billing period invoice.
- () The Centre will not refund fees if my child is absent.
- () I will be responsible for the full fee if for any reason the Centre has not received confirmation from the Subsidy Office regarding Government Assistance. Submission numbers and checklist is required to prove application and all requested documents have been sent to Manitoba Early Learning and Child Care.
- () I understand that the Policies of the Centre do change from time to time and that changes will be in effect from notification of Harstone Children's Centre.
- () I agree to conduct myself in a fashion consistent with the Centre's Behaviour Management Policy when I am on site at the Centre. I will refrain from using profane language, raising my voice or being physically aggressive with my child/children. I will also agree to treat staff with all the respect due them and refrain from discussing problems or differences of opinion in front of any of the children.
- () I understand that I am responsible for any damage to the belongings or premises caused by my child.
- () I agree to pick up my child/children within 30 minutes when called due to illness. If I am unavailable, I understand an alternate or emergency caregiver will respond.
- () I agree to notify the Centre of any changes of personal information such as addresses, phone numbers, contacts etc. Failure to leave a current phone number that I can be reached at during the day will result in my child/children being withdrawn from the Centre.

DATE

CHILD'S NAME

NAME OF PARENT

SIGNATURE OF PARENT