

CLINTON CO-OPERATIVE CHILDCARE CENTRE INC.

P.O. Box 489 27 Percival Street

Clinton, ON N0M 1L0

Phone: (519) 482-5777 Fax: (519) 482-8721

Email: clintonchildcare@hotmail.com



REGISTRATION PACKAGE

Child's Name _____ Male: _____ Female: _____
Health Card Number: _____ Date of Birth: _____
Health Card Expiry Date: _____

Parents Name: _____
Home Address: _____
Town: _____ Box # _____
Postal Code: _____
Home Phone # _____ Email Address: _____

Place of Employment _____

Mother

Father

Work Address	_____	_____
Town	_____	_____
Postal Code	_____	_____
Work Phone #	_____	_____
Cell #	_____	_____

Doctor's Name: _____	Siblings	Age
Hospital: _____	_____	_____
Address: _____	_____	_____
_____	_____	_____

Emergency Contact: (Other than Parents)

Name: _____
Address: _____ Home # _____
Town: _____ Cell# _____
Postal Code: _____ Relationship to Child: _____

Persons my child may be released to and their relationship:

My child MAY NOT be released to: _____
Because: _____

Approximate Days of Care required: Mon. Tues. Wed. Thurs. Fri.
Time of Arrival _____ Time of Departure _____
Registration Fee: Full/Part Time \$25 _____ Summer \$5 _____

OFFICE USE ONLY

Group: _____ Admission Date: _____ Discharge Date: _____
Entered: _____ Email Entered: _____ Registration Fee Paid: _____
Allergies: _____ Immunizations Attached: _____
Photo Consent: In Centre _____ Social Media _____ Public _____ Staff Portfolios _____

DEVELOPMENTAL INFORMATION

Describe your child's

Speech and Language Abilities:

Eating Habits

Sleeping Information:

Toileting Habits:

Any other information you would like to share about your child:

SOCIAL AND EMOTIONAL INFORMATION

1. Which type of play does your child like best?
Playing Alone _____ Watching Others Play _____ Actively Playing with Others _____

2. What are your child's favorite activities?

3. Does your child have any fears? If so, what are they?

How do you help your child?

4. Are you currently associated with any other organization regarding childcare?
If so, which?

HEALTH INFORMATION

*******A CURRENT UP-TO-DATE COPY OF YOUR CHILD'S
IMMUNIZATION MUST BE ATTACHED TO THIS REGISTRATION
INFORMATION*******

AGE	Required vaccines to Attend a Child Care Centre									Other Important Vaccines		
	P e r t u s s i s	D i p h t h e r i a	T e t a n u s	P o l i o	H a e m o p h i l u s b	M e a s l e s	M u m p s	R u b e l l a	R o t a v i r u s	V a r i c e l l a	P n e u m o c c a l	M e n i n g o c c o c c a l
2 mths												
4 mths												
6 mths												
12 mths						*	*	*				
15 mths									*			
18 mths	*	*	*	*	*							
4-6 yrs	*	*	*	*	*	*	*	*		*		

1. Does your child suffer from any allergies? _____
If so, what are they allergic to and what type of reaction do they have?

2. Does your child have a special diet? _____
If so, is it medically or personally requested? _____
The details of my child's special diet are as follows:

3. Does your child have any special needs that the staff need to be aware of: _____ If so, please describe:

4. Does your child have a previous history of communicable diseases, or conditions requiring medical attention: _____ If so, please describe:

5. Any other medical information we need to be aware of:

CHILD CARE POLICIES AGREEMENT

I declare that I have read and understand the Child Care Policies of Clinton Co-operative Childcare Centre and will fulfill my obligations as outlined therein, including the yearly membership requirements.

Parent Guardian(s):

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

HEALTH/MEDICATION AGREEMENT

I declare that I have read and understand the Health/Medication portion of Clinton Co-operative Childcare Centre's Policies as outlined in the Parent Handbook. I understand when I am to keep my child home, and when the Centre will contact me with regards to illness and my child.

Normal temperature is 98.6, if your child consistently runs high or low, please document this here. _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

RELEASE OF INFORMATION

I, _____ give permission to Clinton Co-operative Childcare Centre to distribute my name and phone number to other childcare parents and board members for the purpose of parent committees.

Parent/Guardian Signature

Date

WAIVER OF CONFIDENTIALITY

As a participant in programs at Clinton Co-operative Childcare Centre, I waive confidentiality in regards to my child _____ and allow for open communication in all matters, between employees of Clinton Co-operative Childcare Centre and employees of the Avon Maitland District School Board and the Huron-Perth Catholic District School Board.

Parent/Guardian Signature

Date

PARENTS' OR GUARDIANS' AGREEMENT

EMERGENCY TREATMENT

I, undersigned parent/guardian of _____, who has been accepted at my request at the Clinton Co-operative Childcare Centre hereby consent to the rendering of any emergency medical treatment to the above named child, deemed necessary in the interest of the above child, by a qualified physician.

Dated this _____ day of _____, 20_____.

Signature(s) _____, _____
Parent/Guardian Witness

_____, _____
Parent/Guardian Witness



FIELD TRIP CONSENT FORM

I, the undersigned, being parent/guardian of _____, who attends Clinton Co-operative Childcare Centre, as governed by the board of directors, do hereby consent to the participation of my child in activities related to the school program during regular school hours, provided such activities are supervised by a member of your staff. This includes field trips and excursions to points of interest taken during school hours and although I understand that every precaution will be taken, Clinton Co-operative Childcare Centre will not be held responsible for any accident or injury that may occur.

Permission forms are provided for Field Trips via Buses.

List any exceptions to participation in certain activities this consent does not include.

Parent/Guardian

Date

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Clinton Co-operative Childcare Centre will not use children’s photos or videos unless we have signed consent from the parent/guardian.

PHOTO CONSENT

I, _____ give permission for Clinton
(parent/guardian name)

Co-operative Childcare Centre Inc. to photograph or video

_____ for the following purposes:
(child’s name)

Type of Use	Yes	No
Photograph or videos used at the centre for displays, bulletin boards, children’s portfolios.		
Photographs or videos for use on our Facebook and Twitter pages		
Photographs or videos to use for promotional and public displays		
Photographs or videos to be used for staff portfolios		

I understand that websites, publications and social media have a large audience and my child’s photo will be available to the general public. I give Clinton Co-operative Childcare Centre the perpetual, royalty-free right to use my child’s photos. I understand that it is my responsibility to update this form in the event that I no longer authorize one or more of the above types of use. I agree this form will remain in effect during the term of my child’s enrollment.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

VOLUNTEER HOURS

Clinton Co-operative Childcare Centre Inc. is a 'Parent Participating' Centre. Each family is responsible for putting in twelve hours of volunteer time per year. You may choose one of the following committees in which you put your volunteer time in.

COMMITTEES

Please check the committee that you feel would best suit your family.

- _____ Board Members-six members are needed to sit on our volunteer Board of Directors
-board members assist in setting policies and approving the yearly budget
- _____ Fundraising & Special Events Committee-organizing fundraising events, working at the events, working at the events, assisting with parties, helping at Public Relations events.
- _____ Indoor/Outdoor Maintenance Committee-repairing toys, painting and putting toys together general maintenance and 'fix it' jobs, sewing and mending is included in this committee
- _____ Toy Washing Committee-disinfecting toys, toy shelves, and furniture at the Centre, parents are scheduled every other month
- _____ Playdough and Crafts Committee-making playdough for use at the Centre and preparing crafts this something you can do at home

**Each committee is chaired by a parent. You will receive a schedule as to when your help is needed, or the committee chair person will call you.

Name: _____ Phone Number: _____