

REGISTRATION FORM - Loyal True Blue & Orange Home Flexible Child Care Centre

Child's Name: _____ Gender: _____ D.O.B: _____

Home Address: _____
No. Street Name City/Prov. Postal Code

Parent's Name: _____ Work # _____ cell # _____

Email address: _____

Work Address: _____
No. Street Name City/Prov. Postal Code

Parent's Name: _____ Work # _____ cell # _____

Email address: _____

Work Address: _____
No. Street Name City/Prov. Postal Code

Person to be contacted if parents cannot be reached/ Authorized to pick up my child:

Name: _____ Cell # _____ Work # _____

Name: _____ Cell# _____ Work# _____

Child's Health card number _____

Dr.'s Name: _____ Phone# _____

*** Copy of child's current immunization records are attached**

My child has the following medical conditions /allergies /food restrictions:

Due to the frequency and daily usage, of sunscreen, lotions, lip balm, bug spray, hand sanitizer, diaper cream

I _____ Parent of _____ give permission for the centre to apply any of the above non-prescription items without a medication form, (*providing it is for general use and not for an acute symptomatic treatment*) all products must always be in the original labeled packaging.

Parent signature

If, at any time, due to such circumstances, an accident, sudden illness or emergency medical treatment is required, your child may be transported to the hospital via Ambulance to seek further medical attention. The centre will contact the parents as quickly as possible, if they can't be reached the emergency contacts listed above.

Parent signature

child's Name

Date

HOW DID YOU HEAR ABOUT US? _____