

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

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ D.O.B: \_\_\_\_\_

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

Home #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_ cell # \_\_\_\_\_

Email address: \_\_\_\_\_

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

Father'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 ? \_\_\_\_\_