

# Cairns Children's Centre

*A Place to Learn, A Place to Grow*

190 Houde Drive  
204-275-1521



Revised November 2016  
**Strong Start**

## Registration Form

All information is confidential, and must be filled out in entirety.

### General Information

Child's Legal Name: \_\_\_\_\_

Sex (Circle):            M                                  F

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Parent(s) or Guardian(s) Information

Contact Name (First and Last): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email (Please Print): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name (First and Last): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email (Please Print): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Custody Matters:**

If you are separated or divorced and there are any restrictions regarding access to the child, we must have court executed documents stating those restrictions. Without them, we cannot deny a parent access to their child.

If you are separated or divorced, when may the other parent legally see the child during Centre hours?

\_\_\_\_\_

**Other Information:**

Describe your child (his/her personality, fears, way of coping, etc.) Tell us anything you think will help us to know your child better.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any recent or impending changes in your family that may affect your child in the Centre (divorce/separation, new baby, death of someone close or death of a pet, change in parent's job etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any foods your child cannot eat for religious, cultural reasons or due to food allergies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other Information You Would Like Us to Know:

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**Emergency Information:**

Child's Medical #: (9 digit): \_\_\_\_\_ 6 (digit): \_\_\_\_\_

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

Clinic Office Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Dr. Phone #: \_\_\_\_\_

Additional Medical Information (Allergies, recent injuries/surgeries, illnesses, etc.)

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In case of emergency, every attempt will be made to contact the Parents or Guardians. It is necessary, however, to have another person whom we may contact if we are unable to contact the parent or guardian. This must be someone other than the Parent/Guardian. The contact person is who we contact when we cannot get in contact with the Parents/Guardians. This person may pick up the child without any prior notice by the Parent/Guardian.

Contact Name (First and Last): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email (Please Print): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If necessary, in the event that I am not available, the staff of Cairns Children's Centre have my permission to seek medical attention for my child. If there is special information please note:

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In the absence of other instructions, I understand that my child will be taken to a walk-in clinic or to Victoria General Hospital (or to whichever hospital is nearest at the time of illness or injury) for medical assistance. I understand that any expenses incurred for such treatment including ambulance fees is my responsibility.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Persons Authorized to Pick up My Child from the Centre (Alternate Pickups):**

\*By putting these people on the list, it automatically lets us them pick up your child without any prior notice. It is appreciated if you let the Centre know in advance if possible.

1. **Name (First and Last):** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_
2. **Name (First and Last):** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_
3. **Name (First and Last):** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_
4. **Name (First and Last):** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_

### **Permission Information:**

#### **Posting of Family Names in the Centre:**

I understand that my family name (and that of my child) may be posted on the wall, on the door, or other places in the Centre, to indicate where invoices, newsletter and other information for a particular family is located, or to request information. If I do not agree to have my family name posted, I will provide an alternative to the Centre-written below.

Use my family name (and that of my child): \_\_\_\_\_

OR: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Sunscreen/Insect Repellent**

The Centre has my permission to apply sunscreen/insect repellent to my child. If my child has skin sensitivities, I will supply my own.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Travel Permission:**

The staff of Cairns Children's Centre has my permission to take my child on any field trips or excursions appropriate to him/her planned by the Centre. These may include community trips, it may also include Field Trips where transportation will be by City of Winnipeg Transit bus, or rented bus.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Videotaping and Photographing and Internet:**

I agree to allow the Centre to take photographs and videotapes of my child for display in the Centre as well as allowing the Centre to post my child's picture on the website, as well as possibly their first name. These will photos may be used for advertising or publicity for the Centre.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:**

In the event that my child requires medication to be administered during Centre hours, the following conditions will be respected: the medication will be prescribed by a medical doctor, will be provided to the staff in the original container with the prescription label and instructions on the container. I will sign a more detailed medication consent form in the event my child needs medication administered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Receipt of Policy Manual:**

I acknowledge and understand that I have received and read in whole the Policy Manual of Cairns Children's Centre. I agree to abide by them while my children are enrolled in the Centre.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Indirect Supervision Policy**

I give permission for my child to have indirect supervision to the following locations while in the care of Cairns Children's Centre / Cairns Parc La Salle: the bathroom, the water fountain, going to or returning to the gym, the open corridor area (named the Street), their lockers as well as participating in school activities after the regular school hours. Please note that when the children are enrolled in school activities after regular school hours they are then not considered to be in attendance at the Centre. The Centre will not be responsible for the child until he or she returns and checks back in with a staff person.

\*This privilege of indirect supervision will be at the discretion of the staff, based on developmental levels and behavior of the child. This may be temporarily taken away if it is felt that it is unsafe for a child to have indirect supervision.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Practicum Students:**

I give permission for my child to be observed by students in the Early Childhood Education field if these observations are kept in confidence and used only for academic purposes to fulfill requirements. Any observations that are done will be approved by the students on site Mentor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information:**

In order to best serve children's needs, there are times when it is appropriate for the School: Ecole R.H. G. Bonnycastle School / Parc La Salle School and the child care centre: Cairns Children's Centre to exchange information about children participating in both programs. The kind of information shared may include, but is not limited to, matters involving behaviour, attendance, illnesses or transportation. Any matters of serious nature will be promptly discussed with parents.

I give permission to Ecole R.H.G. Bonnycastle School / Parc La Salle School and Cairns Children's Centre for the reciprocal exchange of information about my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_