

Treasure Keepers Children's Centre Inc.

Registration Package

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CHILD INFORMATION RECORD FORM

Child's legal name:

Name commonly known as:

 Male Female Date of birth:

Languages known/spoken:

Family health number:

Personal health number:

Doctor's name:

Doctor's phone number/address:

Mother/Guardian**Father/Guardian**

Name:

Home address:

Home phone: Cell Text?

Home e-mail:

Work/school name:

Work/school address:

Work/school phone:

Work/school e-mail:

Name:

Home address:

Home phone: Cell: Text?

Home e-mail:

Work/ school name:

Work/school address:

Work/school phone:

Work/school e-mail:

Designated Emergency Contacts**Designate 2 people we can contact and release your child to in case of illness or an emergency if you are not available**

Name:

Physical address and Box #:

Home phone: Cell: Text?

Home e-mail:

Work/school e-mail:

Work/school name:

Work/school address:

Work/school phone number:

Name:

Physical address and Box #:

Home phone: Cell: Text?

Home e-mail:

Work/school e-mail:

Work/school name:

Work/school address:

Work/school phone number:

List other people who have permission to pick up your child from the child care facility**LIVING AND CUSTODY ARRANGEMENTS**Child lives with: Mother Father Both Other (describe: _____)If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes NoHave copies been provided to the child care facility? Yes No Will be provided Will not be providedAre 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: _____

*Please indicate the phone number most likely to reach you during the day.

Sibling Name:

First Name	Last Name	Age
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Sibling Name:

First Name	Last Name	Age
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Name of Dentist: _____

Address: _____

Workplace Telephone: _____

Name of any additional Medical Personnel involved with your child:

Does your child have a confirmed medical conditions such as, Asthma, Allergies, Diabetes, Sight or Hearing Impairment?

Please be as detailed as possible:

Does your child take any medications on a continuous basis? If so, authorization/Unified Referral Intake Application forms will need to be completed by the Parent or Guardian at the centre.

Does your child have any confirmed type of Special Needs, diagnosis from a doctor or working with a clinican such as Occupational Therapist, Speech Pathologist,Child Development that may require additional staffing arrangements (Inclusion Support) while attending the centre?

Does your child have any special food requirements? _____

Does your child have their immunizations up to date or have you opted out of immunizations? _____

If your child requires medication prescribed by a doctor but not on an ongoing basis, written permission from a parent or guardian prior to administering is required.

Personal Information- This information helps staff to get to know your child and help him/her feel more comfortable in the day care. This information is voluntary.

Eating Habits _____

Food Dislikes _____

Food Likes _____

Languages Spoken _____

Dominant Hand _____

Nap Information _____

Dressing Information _____

Toileting Information _____

Favourite Activities _____

Other Information _____

Emergency Care

In the event of an emergency, I authorize the staff of Treasure Keepers Children’s Centre INC. to provide any first aid deemed necessary for my child.

In addition, in the event my child is ill or injured and I cannot be reached, I give consent to have my child transported to the nearest medical facility. I authorize the transfer of my child’s health record to the medical facility my child is taken to. I accept any financial responsibility for any emergency medical care needed including the cost of an ambulance if required. I understand that this will only happen after all attempts have been made to contact the parents/guardians/emergency contact person, as listed in the registration form.

Date _____ Signature _____

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the facility.

Date _____ Signature _____

General Consent for Outings

I am aware that my child(ren) will be supervised by Centre Staff, and that my child(ren) will not be transported in a motor vehicle on these local outings within the town of La Broquerie.

I am aware that special consent from me is required for my child(ren) to participate in a Field Trip outside of the town of La Broquerie, or an outing where transportation in a motor vehicle is required.

Date _____ Signature _____

General Consent for Photography/Videotaping

Occasionally staff at the Treasure Keepers Children’s Centre Inc. may take pictures or videotape the children at the Centre. I give permission to the facility’s staff to videotape or take pictures of my child.

Date _____ Signature _____

I give permission for my child to be observed, interviewed, assessed, photographed or videotaped as conducted by college or university students.

Date _____ Signature _____

General Consent for insect repellent/sunscreen

I give permission for the facility staff to apply insect repellent on my child during the season when children are at risk of insect bites. I am aware that the facility will post signs notifying me of this action in advance of the season.

Date _____ Signature _____

I give permission for the facility staff to apply SUNSCREEN SPF 30+ on my child during the season when children are at risk of the sun. I am aware that the facility will post signs notifying me of this action in advance of the season.

Date _____ Signature _____

General Consent for Supervision that is not direct for School-aged Children

Staff recognizes the need for children to be independent while still safe and secure. Staff will adjust supervision for different ages and abilities, activities and environments. Staff may allow increased freedom and independence for **School-aged children** by permitting a small group to play in the foyer or this may also include allowing the children to go to the washroom on their own. Indirect supervision will be observed only if age appropriate and staff will ensure the health, safety, and well being of the children are priority. When supervision is adjusted, staff knows at all times where children are and frequently check on them.

Date _____ Signature _____

Confidentiality Policy

No information, verbal or written, regarding a Child or their family shall be released to anyone other than required by law or, in the event of medical emergency, medical information to Medical Staff or proper authorities.

All Children's files are confidential and are stored in a secured area. They are for the use of the day care Supervisor and staff only. Parents have access to their Child's file upon request. An appointment shall be set up to review the file with the Director.

All files are the property of Treasure Keepers Children's Centre Inc. and shall be retained for the period established by law.

I have read, understand and agree to comply with the Confidentiality Policy of Treasure Keepers Children's Centre Inc.

Date _____ Signature _____

I give my consent for day care staff to share information with relevant partners eg) Arborgate School, Ecole Saint Joachim, clinicians already working with my child in Child Development, Occupational Therapists and Speech and Language for the success of my child's day.

Date _____ Signature _____

Parental Agreement

I have read and fully understand the Policies of Treasure Keepers Children's Centre Inc. as outlined in the Parent Policy Manual.

I have completed the required registration form including the Emergency Care Consent Form and returned them to the Centre prior to my child's first day of attendance.

My signature below indicates my agreement to follow the Parent Policies of the Treasure Keepers Children's Centre Inc.

Date _____ Signature _____

Days your child will be attending and approximate drop off and pick up times:

Start Date: _____

Consent to have correspondence by email or other forms of technology:

Date _____ Signature _____

Consent to have invoices sent by email:

Date _____ Signature _____

Email Address: _____

Any changes to general information such as schedules, change of phone/employment, absences, address, health and pick up persons needs to be in writing.

Volunteer Commitment

Special Events _____ Other _____

Parent Board _____ Fundraising _____

