

Little Paws Children's Center Registration

(Photo)
Provided by centre

Name: _____

Male _____ Female _____

Date of Birth: _____

Eye Color: _____

Hair color: _____

Identifying Marks: _____

Height/Weight _____

Are there any people who are NOT permitted access to this child?

Yes _____ No _____

Little Paws Children's Center Registration Form

Date of Enrollment _____ Date of Withdrawal _____

Childs Legal Name: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth: _____	Home Phone _____
Address _____	Postal Code _____
Physician: _____	Phone: _____
Medical Number: _____	
Medical Conditions: _____	
Allergies: _____	
<input type="checkbox"/> Non-Status <input type="checkbox"/> Status <input type="checkbox"/> Band Or Nation _____	
Email Address: _____	
Immunization (<i>photocopy Attached</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Primary Caregiver 1 _____
Home Phone _____ Cell _____
Work Place: _____ Work Number _____
Hours of Work _____ Travel Time to Center _____

Primary Caregiver 2 _____
Home Phone _____ Cell _____
Work Place: _____ Work Number _____
Hours of Work _____ Travel Time to Center _____

If Applicable:

Separated Divorced Legal Custody Restraining Order

**IF THERE IS A CUSTODY OR RESTRAINING ORDER IN PLACE PLEASE GIVE
DETAILS AND A COPY MUST GO TO THE CENTER**

Custody Agreement on File

EMERGENCY CONTACTS

Emergency contact #1: _____
Phone: _____
Relationship: _____

Emergency contact #2: _____
Phone: _____
Relationship: _____

Emergency contact #3: _____
Phone: _____ Relationship: _____

Describe your child's general health (e.g. ear infections, asthma, stomach-aches, skin conditions etc.):

If your child is taking any medication, what medication and what is it for:

Is your child able to participate fully in all the program activities?

Do you have any concerns regarding any areas of your Childs development?

Diet Restrictions or sensitivities (culture, religious, health or preference)

Describe your child's appetite

Is there anything else that you would like us to know that will help us care for your child

Little Paws Children's Center Permission Form

I give my child _____ Permission/Consent to participate in the following:

Neighborhood Walks

I give my child permission to go on spontaneous walks.

Yes No INITIAL _____

Photo Permission, Please See Additional PIB consent

I hereby do give consent for my child to be photographed by Little Paws or the media. I understand that these photos may be used for publicity in the local paper or for use with the children.

Local Media Yes No INITIAL _____
Used for center with Children Yes No INITIAL _____

Medical Attention

I hereby authorize Little Paws to seek medical aid for my child in the event of an emergency. I understand that I am responsible for all the costs incurred.

Yes No INITIAL _____

Art Publication

I hereby give permission for my child's artwork to be publicized

Yes No INITIAL _____

Staff Responsibility

I understand that by law the staff must report any accidents or incidents of suspicious nature
INITIAL _____

Pick up Policy

I understand that if my child is not picked up by 5:30 the following procedure will be followed:

1. Staff will try to contact primary caregiver
2. Staff will try to contact an emergency contact person.
3. If after 30 minutes these efforts have failed, the Director of Social Development will be called. INITIAL _____

Sunscreen

I understand that sunscreen will be provided by Little Paws Children's Centre. I give permission for staff to apply sunscreen to my child. Yes No INITIAL _____

Bus Riding

I give my consent for my child to participate in class field trips to and from the centre where the children will be transported by the Little Paws Children Centre Van.

Yes No INITIAL _____

Little Paws Children's Centre Immunization Record Consent

Little Paws Children's Centre is required by licensing to have a record of immunization on file for your child.

Has your child been immunized? Yes _____ No _____

I give consent for Little Paws Children's Centre staff to obtain a copy of my child's immunization records from the Penticton Health Centre:

Child's Name

Child's Date of Birth (M/D/Y)

Parent's / Guardian's Name

Parent's Signature

Child's Care Card Number

Conscientious Objector

I, _____ have chosen **not** to immunize my
(Parents Name)
child, _____. I am aware that in the event of an outbreak of a
(Child's Name)
communicable illness within the daycare, I will be required to keep my child home
until such a time that it is safe for my child to return to the centre.

Signature

Date