



## Cochrane Child Care Centre Registration

REQUESTED START DATE: \_\_\_\_\_

1. CHILD'S NAME \_\_\_\_\_

GENDER: MALE  FEMALE  BIRTHDATE \_\_\_\_\_  
DAY MONTH YEAR

SCHOOL ATTENDING \_\_\_\_\_

2. PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NUMBER AND STREET MAILING ADDRESS TOWN POSTAL CODE  
(IF DIFFERENT)

HOME PHONE # \_\_\_\_\_ PLACE OF WORK \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_

3. PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NUMBER AND STREET MAILING ADDRESS TOWN POSTAL CODE  
(IF DIFFERENT)

HOME PHONE # \_\_\_\_\_ PLACE OF WORK \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_

4. IS A COURT ORDER IN EFFECT REGARDING CUSTODY OF THE CHILD?

YES  NO

IF YES, WHAT ARE THE CONDITIONS? (E.G. PARENTAL PICK-UP.....)

\_\_\_\_\_  
\*PLEASE PROVIDE PROOF OF CUSTODY\*

5. PERSON(S) AUTHORIZED TO PICK UP CHILD:

(1) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

(2) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

(3) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO ANYONE WITHOUT AUTHORIZATION FROM THE PARENTS OR GUARDIAN.  
IDENTIFICATION MAY BE REQUESTED

**6. ALTERNATE PERSON: EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

7. FAMILY PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

8. FAMILY DENTIST \_\_\_\_\_ PHONE # \_\_\_\_\_

9. HEALTH

GENERAL \_\_\_\_\_

DOES YOUR CHILD HAVE SUPPORT NEEDS?

---

AND/OR ALLERGIES (FOOD, MEDICATIONS, ANIMALS, BEES, ETC.)

MEDICATION FOR ALLERGIES \_\_\_\_\_

SERIOUS ILLNESS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

INJURIES \_\_\_\_\_

**CHILDHOOD ILLNESS – HAS YOUR CHILD HAD?**

CHICKENPOX \_\_\_\_\_ MEASELS (RED) \_\_\_\_\_

MEASLES (GERMAN) \_\_\_\_\_ MUMPS \_\_\_\_\_

10. ADULTS AT HOME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

11. NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_

AGES, GENDER, NAMES \_\_\_\_\_

12. CHILD'S PREVIOUS EXPERIENCE IN A GROUP \_\_\_\_\_

13. GUIDANCE AND CONTROL METHODS THAT THE CHILD RESPONDS TO \_\_\_\_\_

14. ANY FURTHER INFORMATION WHICH WILL HELP THE STAFF TO KNOW YOUR CHILD

(Such as likes, dislikes, fears, etc.)

15. WHAT DO YOU HOPE THAT YOUR CHILD WILL GAIN FROM HIS/HER CHILD CARE EXPERIENCE?

16. ARE ANY LANGUAGES SPOKEN OTHER THAN ENGLISH?

17. I, the undersigned, agree to adhere to the policies of the Cochrane Child Care Centre.

SIGNED: Parent(s) or Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: Parent(s) or Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

18. EMERGENCY CARE

I hereby consent for my child to be transported to the hospital in case of emergency, and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency takes place.

SIGNED: Parent(s) or Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: Parent(s) or Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ START DATE \_\_\_\_\_ WITHDRAWAL DATE: \_\_\_\_\_

SPECIAL INTERESTS IN THE HOME FROM WHICH A CONTRIBUTION MAY BE MADE TO THE

CHILD CARE PROGRAM

SINGING \_\_\_\_\_ DANCING \_\_\_\_\_

COOKING \_\_\_\_\_ GARDENING \_\_\_\_\_

WOODWORK \_\_\_\_\_ POTTERY \_\_\_\_\_

PHOTOGRAPY \_\_\_\_\_ SEWING/KNITTING \_\_\_\_\_

ARTS & CRAFTS \_\_\_\_\_

SIMPLE SCIENCE EXPERIMENTS \_\_\_\_\_

CUSTOMS AND ITEMS OF INTEREST FROM CANADA OR COUNTRY OF ORIGIN

---

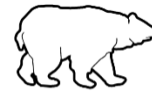
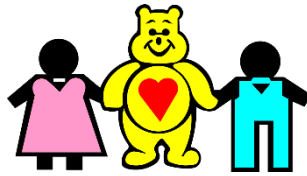
MUSICAL INSTRUMENTS \_\_\_\_\_

COLLECTIONS \_\_\_\_\_

OTHER \_\_\_\_\_



**COCHRANE CHILD CARE CENTRE**  
435 Tenth Avenue  
Cochrane, Ontario, Canada, P0L 1C0  
T: 705-272-6092 | F: 705-272-2718  
E: lora.st-pierre@cochranecc.ca



ONTARIO, CA  
**COCHRANE**  
WONDERFULLY UNEXPECTED

## MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

### COCHRANE CHILD CARE CENTRE

During the year at our Centre there will be many opportunities when pictures will be taken by the Centre staff, the newspaper, etc.

As a parent of a child/children at the Cochrane Child Care Centre, I agree to the following:

- I understand the my child(ren) whose name(s) are listed below may be photographed at the Cochrane Child Care Centre during day to day activities and at special events, field trips or activities.
- I understand that these photographs may be used in newsletters, promotions, displays or in news publications, and social media.

Please be advised that with the numerous electronic devices available, some photographing is beyond our control. We also insist that parents and caregivers refrain from taking photographs at the Centre which include other children.

The following are the names of my child(ren) attending the Cochrane Child Care Centre:

---

---

Yes, I confirm that I have read and understood the above, and agree to have my child(ren) photos mounted on the Cochrane Child Care Centre's newsletters, promotions, displays or in news publications and on social media.

No, I do not wish my child(ren) to be a news publication or social media participant.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_



## Collection of Immunization Data for Children in Daycares



Ontario's Child Care and Early Years Act, 2014 (CCEYA) states that a child care centre must ensure that all children in their centre have complete immunization appropriate to their age prior to admission to the child care centre. A record of immunization must be kept as part of each child's record and updated as new immunizations are received.

SECTION A: Complete the following information for your child							
Last Name:		First Name:			Date of Birth: <i>yyyy/mm/dd</i>		
Other Names If Applicable:					Sex: <i>M / F</i>		
Address:			City/Town:		Postal Code:		
Parent/Guardian's Name:				Home #:			
Daycare your child is attending:				Work or Cell #:			
SECTION B: Attach your child's immunization record/exemption							
<input type="checkbox"/> If your child has already been vaccinated, please attach a photocopy of your child's immunization record to this form and return to the daycare.							
<input type="checkbox"/> If your child has already completed an exemption under the Child Care and Early Years Act (CCEYA) (two pages), please attach a photocopy of your child's exemption to this form and return to the daycare.							
Date:		Parent/Guardian Signature:					
Publicly Funded Immunization Schedule for Ontario							
	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years
<b>DTaP-IPV-Hib*</b> Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b	✓	✓	✓			✓	
<b>Pneu-C-13</b> Pneumococcal Conjugate 13	✓	✓		✓			
<b>Rot-1</b> Rotavirus	✓	✓					
<b>Men-C-C*</b> Meningococcal Conjugate C				✓			
<b>MMR*</b> Measles, Mumps, Rubella				✓			
<b>Var*</b> Varicella					✓		
<b>MMRV*</b> Measles, Mumps, Rubella, Varicella							✓
<b>Tdap-IPV*</b> Tetanus, Diphtheria, Pertussis, Polio							✓
<b>NOTE: Vaccines with an asterisk are required for attendance at daycare and school.</b>							

**PLEASE RETURN THIS FORM IMMEDIATELY TO YOUR DAYCARE PROVIDER ALONG WITH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR EXEMPTION FORM.**

Collection of this information is authorized under the Child Care and Early Years Act, 2014 (CCEYA). This information is used to ensure that all appropriate personal care and public health services are provided and the necessary statistics are kept. Questions about this collection should be directed to the daycare operator.

Original: 1971  
Revised: 2018-03-27



CENTER NAME: \_\_\_\_\_

## Participation Agreement

*to email and publish my child's work, photographs or videos via HiMama*

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: \_\_\_\_\_

My Name: \_\_\_\_\_

My Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_