



## 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.....)

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\*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?

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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

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

COLLECTIONS \_\_\_\_\_

OTHER \_\_\_\_\_





## 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 that 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:

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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 \_\_\_\_\_