



UNIFOR CHILD CARE SERVICES REGISTRATION FORM

**Unifor Family Education Centre 115 Shipley Avenue, Port Elgin, Ontario NOH 2C5
Telephone: (519) 389-3233 Fax: (519) 389-3544 E-mail: fecchildcare@unifor.org**

Program Name: _____ . Date: _____ .

CHILD INFORMATION

Child's Name: _____
Full Name

Address: _____
Street & Number City Province Postal Code

Gender: _____ . Birthday: _____
(day / month /year)

Principal Home Language: _____

Name(s) of people to whom the child may be released: _____

PARENT INFORMATION

Name of Parent/Guardian: _____ Local # (i.e. L. 222): _____

Address (If different than above): _____
Street & Number City/Town Province Postal Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

MEDICAL INFORMATION

Child's Health Card Number and Initials: _____

Is your child receiving any medication on an ongoing basis? If yes describe what medication is for and times that it is to be taken:
Yes: _____ No: _____

Does your child suffer from any medical conditions such as allergies, asthma and disease? If "yes", please list and explain in detail the medical condition:

Does your child have any dietary restrictions? If yes please list/explain: Yes: _____. No: _____.

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Asperger Syndrome, Cerebral Palsy? If "yes", please list and explain in detail the special need:

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain his/her safety and the safety of the other children? If "yes", please list and explain in detail the behavioural issues/concerns:

Is your child physically able to take part in all program activities? Yes: _____. No: _____.
If no, please list restrictions: _____

CONSENTS

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km. radius from Unifor Child Care facility in Port Elgin or the city that the program is taking place in?
Yes: _____. No: _____

In the case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s):

A. In the event of a medical emergency do you hereby grant permission for the staff of Unifor Child Care Services who are trained in emergency first aid and CPR to attend to your child?

Yes: _____. No: _____

B. In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Unifor Child Care Service to hospitalize and/or secure proper treatment for your child?

Yes: _____. No: _____

The Unifor Child Care Service is a high profile program, do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or Unifor Public Relations?

Yes: _____. No: _____

Signature of Parent/Guardian

Date