SERVICE DE GARDE LES PAPILLONS - Registration form 2017-2018

Child information

Surname		Given name		Middle Name	
Sex: ☐M ☐F	Birth date	yyyy mm dd		Starting date	yyyy mm dd
Street Address		City, Province		Postal code	
Phone No.		Child's First Language		Child's Second Language	
Person(s) with whom the the child lives					

Parent/Guardian

Name			☐Mother ☐Father ☐Guardian
Address		Home No.	Cell No.
Place of Work	Hours of Work		Work Phone No.
Name			☐Mother ☐Father ☐Guardian
Address		Home No.	Cell No.
Place of Work	Hours of Work		Work Phone No.

Alternative Emergency Contacts

Name	Relationship	Phone No. ( )
Address	Speak English ☐Yes ☐No	Speak French ☐Yes ☐No
Name	Relationship	Phone No. ( )
Address	Speak English ☐Yes ☐No	Speak French ☐Yes ☐No

Custody Agreement details (if any) that You wish us to be aware of :

Other children Living at home

Name	Birth date	yyyy mm dd
Name	Birth date	yyyy mm dd
Name	Birth date	yyyy mm dd

Health/Nutrition

Illnesses child has had

Does the child

Have vision problems ?	Yes☐	No☐	Have hearing problems ?	Yes☐	No☐
Have speech/language problems ?	Yes☐	No☐	Take medications ?	Yes☐	No☐
Require a special diet ?	Yes☐	No☐	Have other health concerns ?	Yes☐	No☐
Specify and comment on items ticked Yes:			Have allergies ?	Yes☐	No☐

Immunization*(attach Photocopy of immunization Record, or Indicate Dates that Immunization was received)*

Diphteria, tetanus and Pertussis (DPT)	yyyy	mm	dd	Polio	yyyy	mm	dd
Meningitis (HIB D)	yyyy	mm	dd	Measles,mumps and rubella (MMR)	yyyy	mm	dd

Emergency Health Information

Doctor	Home Phone No. ( )	Address
Dentist	Home Phone No. ( )	Address
Other	Home Phone No. ( )	Address
Medical Insurance No.	CareCard / Personal Health No.	

Emergency Consent

It is the policy of Les papillons to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.
Return the signed for to Les papillons immediately.

I hereby give my consent for my child, _____,when ill, to be taken to the nearest emergency centre by the staff of Les papillons when I cannot be contacted.
I consent to an ambulance being called to transport teh child, if necessay.

Signature of Parent/Guardian	**Name (please print)**	Date signed yyyy mm dd

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