ORILLIA CENTRAL PRESCHOOL REGISTRATION YEAR: ________

CHILD'S NAME: ______________________________ **BIRTH DATE:** ___________________________

ADDRESS: ____

MOTHER/GUARDIAN: ______________________________**HOME/CELLPHONE:** _____________________

HOME ADDRESS: ____

PLACE OF WORK:_________________________________ **WORK PHONE:**_________________________

ADDRESS: ______________________________________ **EMAIL ADDRESS:**_______________________

FATHER/GUARDIAN: _______________________________ **HOME/CELL PHONE:** ___________________

HOME ADDRESS: ____

PLACE OF WORK: ________________________________ **WORK PHONE:** ________________________

ADDRESS: _____________________________________ **EMAIL ADDRESS:** _______________________

WHO WILL ASSUME EMERGENCY RESPONSIBILITY FOR YOUR CHILD IF YOU CAN NOT BE REACHED and is **Authorized to pick up your child?**

NAME: ________________________HOME PHONE: ___________________CELL PHONE: ________________

NAME: ________________________HOME PHONE: ___________________CELL PHONE: ________________

NAME: ________________________ HOME PHONE: ___________________CELL PHONE: ________________

NAME: ________________________ HOME PHONE: ___________________CELL PHONE: _________________

MEDICAL INFORMATION:

DOCTOR: ____ PHONE: ___________________________

DOCTOR'S ADDRESS: ____POSTAL CODE: ______________________

ANY KNOWN ALLERGIES: ____

ARE THERE ANY SPECIAL HEALTH NEEDS THE STAFF SHOULD BE AWARE OF WITH YOUR CHILD?

____

DAY'S ATTENDING: M_______T_______W_______TH_______F_______ HOURS: ____________till____________

I have read and agree with the information presented in the Orillia Central Preschool Parent Handbook and Program Statement.

______________________________ ________________________________

Date Parent Signature

PRESCHOOL USE ONLY: START DATE: ______________________END DATE: _________________________

WALKING EXCURSIONS: yes ☐ no ☐ PICTURES: yes ☐ no ☐ CLASSROOM ONLY: yes ☐ no ☐

PARENT CONSENT FORM

CHILD'S NAME: ________________________________

WALKING EXCURSIONS and Public Park Equipment

I hereby give consent for my child to participate in excursions within walking distance of Orillia Central Preschool under the supervision of the staff and volunteers of Orillia Central Preschool and allow my child to use public park equipment.
I understand fieldtrips that require transportation will need further written consent.

______________________________ **may / may not** participate in the above excursions **(please circle)**

Child's Name

______________________________ ______________________________

Date Parent Signature

MEDICAL ATTENTION

In the event of an emergency, I understand and agree that my child will receive:

1. Available First Aid
2. Additional medical assistance if required and available
3. Such other emergency assistance as may be required to safeguard life and/or prevent further injury. I understand further that I will be informed of the situation as soon as possible and that initial contact will be attempted by calling the telephone numbers noted on the registration form.

I **give/do not give** consent for my child to be transported by transportation arranged by Orillia Central Preschool (AMBULANCE) as required. **(please circle)**

______________________________ ______________________________

Date Parent Signature

PHOTO/VIDEOTAPE CONSENT

From time to time throughout the year staff members may photograph or videotape the children enrolled at Orillia Central Preschool. Photos and videotapes are useful for staff training and educational and community awareness purposes. Photos are a great resource for the classroom capturing special events or themes and celebrations. Sometimes the newspaper will visit as well. We are also asked at times to make to make special presentations on Early Childhood education to our community college, professional associations and community groups using photographs from the preschool.

I **give/do not give** my consent for Orillia Central Preschool to use photographs or videotapes of my child, for the purposes noted above. **(please circle)**

I **give/do not give** my consent for Orillia Central Preschool for photographs or videotapes of my child to be used only in Orillia Central Preschool and its classrooms. **(please circle)**

______________________________ ______________________________

Date Parent Signature

ADMINISTRATION AND/OR APPLICATION OF OVER-THE-COUNTER PRODUCTS

I **give/do not give** my consent for the application and administration of sunscreen, moisturizing skin lotion, lip balm, insect repellant, hand sanitizer and diaper cream as supplied by me (the parent) or mandated by Public Health. I understand that I will not be provided with documentation of application/administration unless otherwise discussed with my child's educators and Program Supervisor.

Note: any item supplied by a parent must be provided in the original container or package, clearly labelled with the child's first and last name and name of the product, stored in accordance with the written instructions on the label, and administered/applied in accordance with the written instructions on the label.

______________________________ ______________________________

Date Parent Signature

HEALTH RECORD

Child's Name: _______________________________

Communicable Diseases (Please check only those your child has had)

Chicken Pox	☐	Measles	☐	German Measles	☐
Mumps	☐	Scarlet Fever	☐	Rheumatic Fever	☐
Whooping Cough	☐	RSV	☐	Fifth Disease	☐
Frequent Colds	☐	Bronchitis	☐	Tonsillitis	☐
Middle Ear Infections	☐	Pneumonia	☐		

Immunization

Please fill out the attached form required by the Simcoe County Health Unit. **Please note that this form is a Child Care and Early Years Act requirement. This form must be provided along with the registration papers prior to enrolment.**

Medical Information

Is your child involved in any of the following programs? Please select all that apply.

☐ Speech-Language Pathology ☐ Physiotherapy ☐ Other _________________________
☐ Occupational Therapy ☐ Infant Development Prog

Has your child ever had any recommendations regarding speech, hearing, vision, breathing, orthopedic, cardiac or any other needs? Please explain,
____
____
____
____

Does your child have any behavioral patterns educators should be aware of?
Please explain, ____
____
____
____

Does your child have any special requirements regarding allergies, asthma, epilepsy, diabetes, etc.?
Please explain, ____
____
____

Are there any special recommendations pertaining to the daily care of your child?
If yes, please explain, ____
____
____

If your child is receiving any doctor prescribed medications to be given at the day care, please fill out a medication consent form, which can be obtained, from your classroom teachers or office.

IT IS UNDERSTOOD THAT MY CHILD WILL BE EXPECTED TO BE INVOLVED IN ALL ASPECTS OF THE PROGRAM TO THE BEST OF HIS/HER ABILITIES WHILE AT ORILLIA CENTRAL PRESCHOOL. SUCH INVOLVEMENT INCLUDES BUT IS NOT LIMITED TO CENTRE BASED PLAY, INDOOR AND OUTDOOR GROSS MOTOR ACTIVITIES, AND REST TIME. IF YOUR CHILD IS UNABLE TO FUNCTION WITHIN OUR CLASSROOM ENVIRONMENTS, DUE TO ILLNESS, WE ASK THAT HE/SHE REMAIN AT HOME.

___________________________ ______________________________ _____________________
PARENT/GUARDIAN PARENT SIGNATURE DATE