



# Boys & Girls Clubs of Kawartha Lakes

A good place to be

## CHILD CARE APPLICATION AND REGISTRATION FORM (BOYS & GIRLS CLUBS OF KAWARTHA LAKES)

Pursuant to the *Day Nurseries Act*, R.S.O. 1990, Chap. D.2, the following information is required for the registration of a child and to promote the health, safety and wellbeing of each minor participant registered in the program(s) of or with the Boys & Girls Clubs of Kawartha Lakes (the "Club"):

### CHILD'S INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ [D/M/Y] Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Resides with: \_\_\_\_\_

### FAMILY INFORMATION:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different than above) (if different than above)

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

If there is any custody-related order or agreement affecting your child, or that you wish the Club to be aware of? If so, please provide the Club with a copy and provide details:

\_\_\_\_\_.

### EMERGENCY CONTACT PERSONS (OTHER THAN PARENTS ABOVE) DURING CARE:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### PERSON(S) TO WHOM THE CHILD MAY BE RELEASED:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Has your child had any of the following or other communicable diseases? Measles: \_\_\_\_ Chicken Pox: \_\_\_\_ Whooping Cough: \_\_\_\_ . If other, specify: \_\_\_\_\_.

Does your child have any conditions that may require medical or special attention, which the Club should be aware of (such as, epilepsy, diabetes, allergies, etc.)? If so, please specify: \_\_\_\_\_.

Is there any medical treatment or drug or medication that may need to be administered to your child? Please specify: \_\_\_\_\_. If so, specific and written instructions to the Club for the administration must be provided when your child is registered.

Does your child have any special requirements for diet or exercise? Please specify: \_\_\_\_\_. If so, specific and written instructions to the Club for the administration must be provided when your child is registered.

Does your child have any behavioural issues, conditions or disorders of which the Club should be aware? If so, please specify: \_\_\_\_\_.

**PLEASE PROVIDE THE CLUB WITH YOUR CHILD'S YELLOW IMMUNIZATION RECORD TO BE COPIED. NO CHILD WILL BE ACCEPTED FOR REGISTRATION WITHOUT AN UP-TO-DATE IMMUNIZATION RECORD ON FILE.**

Enrolment date for your child's participation: \_\_\_\_\_. Your child may be resting on a mat at rest time for approximately 1 hour each day.

**EMERGENCY TREATMENT (AUTHORIZATION AND CONSENT):** In the event of an emergency illness of, or accident involving, my child, I authorize the Club and/or its representatives to arrange, request and/or obtain emergency and other medical care or treatment for my child and, for such purpose, to disclose my child's personal information. I agree that I will be responsible for any expenses incurred for such emergency care or treatment.

**PERSONAL INFORMATION:** I understand that I may request from the Club information about the protection and disclosure of my child's personal information, pursuant to applicable provincial and federal laws. I may obtain this information from the Club's Executive Director at any time.

**TRAVEL REQUEST AND CONSENT:** I give permission for my child to:

- (a) travel on his or her own by foot to and/or from the Club: \_\_\_\_\_ [Initial if accepted];
- (b) travel, or be transported, by or in the Club's vehicle(s) (van, bus, etc.): \_\_\_\_\_ [Initial if requested and accepted]; and/or
- (c) travel, or be transported, by or in any other vehicle(s) arranged for, or by, the Club (which may not be operated by the Club or an employee thereof) \_\_\_\_\_ [Initial if requested and accepted].

**ON SITE PHOTO RELEASE:** I give permission for the child care centre to use my child's photo at the centre. \_\_\_\_\_

**WAIVER OF LIABILITY:** I have read and I agree to sign the Club's *Acknowledgement of Risk, Waiver and Release of Liability* as a condition to my child's registration.

I do NOT want information from the Boys & Girls Clubs Foundation \_\_\_\_\_.

**ACCEPTANCE:** By signing below, I acknowledge and agree to the terms and conditions written above and I represent that the information given by me above is complete and accurate.

Parent's and/or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Parent's and/or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Club's Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_.