

Rainbow Daycare
 Company Ltd.
 17 Hallett Crest.
 St. John's, NL
 A1B 4C4
 (709)754-3000



Office Use Only
 Date Received:

Registration Form

Please note a non-refundable \$25.00 registration fee must accompany this registration form.

Child's Information

Child's Name:		DOB (DD-MM-YY):
Full Address:		
MCP:	Expiry Date:	Gender:
Office Use Only:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Program:
Start Date:		<input type="checkbox"/> Toddler Care (18 mon – 2) <input type="checkbox"/> Preschool Care (3-5)
End Date:		<input type="checkbox"/> Afterschool Care

Parent/Guardian Information

Parent/Guardian:		Relationship to child:
Full Address:		
Home Number:	Cell Number:	Work Number:
Email:		
Place of Work:		
Full Work Address:		

Parent/Guardian:		Relationship to child:
Full Address:		
Home Number:	Cell Number:	Work Number:
Email:		
Place of Work:		
Full Work Address:		

Emergency Contact

Name:		Relationship to child:
Full Address:		
Home Number:	Cell Number:	Work Number:
Email:		

Name:		Relationship to child:
Full Address:		
Home Number:	Cell Number:	Work Number:
Email:		

Authorization to Pick-Up

Parents, Please List All Individuals that you give Authorization to Pick-Up your Child(ren) from Rainbow Daycare below and **have them sign below.**

Child's Name: _____

Name: _____ Relationship: _____

Tel (C) _____ (H) _____ (W) _____

Signature: _____

Name: _____ Relationship: _____

Tel (C) _____ (H) _____ (W) _____

Signature: _____

Name: _____ Relationship: _____

Tel (C) _____ (H) _____ (W) _____

Signature: _____

Name: _____ Relationship: _____

Tel (C) _____ (H) _____ (W) _____

Signature: _____

Name: _____ Relationship: _____

Tel (C) _____ (H) _____ (W) _____

Signature: _____

Please note that children will not be permitted to leave Rainbow Daycare with any adult other than those listed above.

Medical Information:

Family Physician: _____ Phone #: _____

Family Physician Full Address: _____

Family Dentist: _____ Phone #: _____

Family Dentist Full Address: _____

PLEASE NOTE: YOUR CHILD'S IMMUNIZATION RECORD MUST ACCOMPANY THE REGISTRATION FORM. BOTH THE COVER AND THE INSIDE NEED TO BE INCLUDED

Statement of Immunization:

This is to confirm that (Name of Child): _____

- Is not Immunized.
- Does not have a current and up to date record of Immunization.
- Is awaiting a copy of my/child's record of Immunization.

I (Parent/Guardian) am aware the I/my child may be asked to leave Rainbow Daycare at the request of a public health official in the event of a communicable disease outbreak and may be unable to return for the duration of that outbreak.

Parent's name (Please Print)

Parent's signature

Date

Administrator's Signature

Date

Please check any childhood diseases that your child has had and give dates:

<input type="checkbox"/> Measles (Date: _____)	<input type="checkbox"/> Chicken Pox (Date: _____)
<input type="checkbox"/> Diphtheria (Date: _____)	<input type="checkbox"/> German Measles (Date: _____)
<input type="checkbox"/> Mumps (Date: _____)	<input type="checkbox"/> Rheumatic Fever (Date: _____)
<input type="checkbox"/> Eczema (Date: _____)	<input type="checkbox"/> Other _____

<input type="checkbox"/> Hearing Checked (Date: _____)	<input type="checkbox"/> X-Rays (Date: _____)
<input type="checkbox"/> Eyesight Tested (Date: _____)	<input type="checkbox"/> Pres-school Health Check Up

Does your child have any allergies? Yes _____ No _____

If so please describe:

Does your child have any Chronic Medical Conditions? Yes _____ No _____

If so please describe:

Is your child taking any medications? Yes _____ No _____

If so please describe:

Please list any accidents/traumatic experiences that your child may have had:

Please indicate if your child may have any of the below listed Supports Currently in Place:

<input type="checkbox"/> ISSP or IPP	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Direct Home Services
<input type="checkbox"/> Regional Autism Services	<input type="checkbox"/> Speech-Language Pathologist
<input type="checkbox"/> K – 12 Supports	<input type="checkbox"/> Behaviour Management Specialist
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Children, Seniors and Social Development Services.
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Non of the Above	

Please provide any addition information you feel Rainbow Daycare should know to help provide the best quality of care for your child.

Consent for Emergency Care and Transportation

If, due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize the child care service provider to take whatever emergency measures s/he deems necessary for the protection of this child while in her/his care.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital, including the possible use of an ambulance.

This could also include emergency transportation required as a result of fire or other environmental emergencies.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Name of Child: _____ DOB (DD-MM-YY): _____

Parent's name (Please Print)

Parent's signature

Date

Administrators Signature

Date:

Fever Reducing Medication Consent Form

I hereby give permission to the staff of Rainbow Daycare Company Ltd. to administer fever reducing medication to my child in the case of a sudden increase in my child's temperature.

Child's Name: _____

Child's Date of Birth (DD-MM-YY): _____

Parent/Guardian Signature: _____

Date (DD-MM-YY): _____

PLEASE NOTE: Your written consent will be kept on file. Every effort will be made to contact the parent to inform them of the child's temperature and also to obtain verbal consent prior to giving fever reducing medication. This medication will only be administered when absolutely necessary, and in no case will be administered on a regular basis. The medication will be administered according to the manufacturers recommended dosage in accordance with the child's age and weight.

Staff will not be administering acetylsalicylic (ASA or Aspirin) in accordance with Child Care Services policy (regulation13 (7)).

Please sign below only if you DO NOT give permission for Rainbow Staff to administer fever reducing medication.

I hereby **do not** give permission to staff of Rainbow Daycare Company Ltd. to administer Fever Reducing medication to my child in the case of a sudden increase in my child's' temperature.

Child's Name: _____

Child's Date of Birth (DD-MM-YY): _____

Parent/Guardian Signature: _____

Date (DD-MM-YY): _____

Administrators Signature

Date

Field Trip Permission Form

I understand that field trips are a part of this child care program, and that I will be asked permission for each field trip as it approaches. With this understanding, I hereby give my permission for the staff of Rainbow Daycare Company Ltd. to take my child on field trips while he/she is in the program.

This form refers to short neighbourhood field trips such as walks to a playground, or park in close proximity to the daycare centre as well as other short duration and short distance trips. The children attending the field trip will be accompanied and supervised by Rainbow Daycare Company Ltd. staff at all times.

Child's name

Parent's name (Please Print)

Parent's signature

Date

Administrators Signature

Date

Please Note: There may be occasions when field trips are planned for longer periods of time and at greater distances from the daycare. Such field trips will require parents to sign a permission form specific to these trips with pertinent details being indicated on the permission form.

Media Consent Form

Please be advised that your child maybe be photographed or videotaped at Rainbow Daycare Company Ltd. We like to capture special moments whether it is on a fieldtrip, during a celebration (e.g., Christmas Party, Halloween Party, etc.), outside in the backyard or in the homerooms during learning experiences. We have a website: www.rainbowdaycarecentre.com and also a Facebook group for each location that we would love to be able to post picture on to connect with the parents, the community and share what we love to do here at Rainbow Daycare. We would be grateful if you would fill in this form to give us permission to take photos/videos of your child and post them on our social media accounts, our website and print them to be posted in the center.

YES, I give Rainbow Daycare Company Ltd. permission to take photographs and/or videos of my child and allow them to post on all their media outlets.
I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

NO, I DO NOT give Rainbow Daycare Company Ltd. permission to take photographs and/or videos of my child and allow them to post on all their media outlets.

Child's name

Parent/Guardians Name (PRINT)

Parent/Guardians Signature

Date

Administrators Signature

Date

Sunscreen Application

Rainbow Daycare is required to receive consent from the child's parents/guardians to apply sunscreen on their child that the parent/guardian will provide for their child to be used at Rainbow Daycare.

YES, I give Rainbow Daycare Company Ltd. permission to apply sunscreen on my child.

NO, I DO NOT give Rainbow Daycare Company Ltd. permission to apply sunscreen on my child.

Child's name

Parent/Guardians Name (PRINT)

Parent/Guardians Signature

Date

Administrators Signature

Date