Epiphany Children's Centre Inc.

200 Dalhousie Drive
Winnipeg, MB
R3T 2ZI

Dear Parent / Guardian:

Welcome to Epiphany Children's Centre. Attached, you will find our Registration Form. Please fill this out in order for us to complete your child's enrolment in our Centre.

By law, we are required to keep current records of child and family information for each child enrolled in our centre. This information includes the following:

a) Child's name, home address and birth date

b) Name, address and telephone number of a child's parent or guardian; and the street address and work / school telephone number of the parent or guardian while the child is attending the child care centre.

c) Name, address and telephone number of a person designated by the parent or guardian to be a contact for pickup in the event of an emergency if the parent or guardian is not available.

d) Names of any person designated by the parent or guardian as a person to whom the child may be released.

e) Record of any medical physical, developmental or emotional conditions relevant to the care of the child.

f) Child's Manitoba Health registration and personal health identification numbers and name and location of the child's physician.

g) Where applicable, copies of separation agreements, court orders or other documents setting out custody arrangements for your child.

All the above information must be included on your registration form before the child will be allowed to attend the centre. Failure to provide all the necessary information will mean your child cannot be enrolled in our Centre.

Thank you

Epiphany Children's Centre, Inc.

Tel: 204-261-7682 Fax: 204-261-4649 ecci2@mts.net

Epiphany Children's Centre Inc.

200 Dalhousie Drive
Winnipeg, MB
R3T 2Z1

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REGISTRATION FORM

GENERAL INFORMATION - Please print clearly & in ink

Child's Legal Name (Please PRINT) _____
First Name Last Name Middle Name

Nick Name or (Name you would like child to be addressed by at Daycare) _____

Sex (circle) M F Date of Birth (yy/mm/dd) School Name Grade

SUBSIDY AND SPECIAL NEEDS INFORMATION

If you will be applying or have applied for Government Subsidy please circle: Will apply Have applied
(Please make sure the names you used for your child on your subsidy application are the same on this form.)

If you have applied for subsidy and know Child's Individual Subsidy Number: Subsidy Start Date yy/mm/dd Subsidy Expiry Date yy/mm/dd

Restrictions / Allergies / Special Needs

PROGRAM

Program (please circle applicable)

Preschool - (2 yrs - 6 yrs - to start of Gr 1 school year)

School Age - (Gr 1 - 6)

If your child is 5 years or older and will be attending school, please indicate which school he/she is enrolled at:

Start Date of Enrollment at Daycare (if known) _____ yy/mm/dd

CUSTODY AND VISITATION RIGHTS:

If parents are separated or divorced, may the child's other parent visit or pick the child up at the day care / nursery? (Please circle) **YES** **NO**

****IF NO, PLEASE BE ADVISED THAT WE MUST HAVE A CERTIFIED COPY OF ALL LEGAL DOCUMENTS PERTAINING TO CHILD CUSTODY AND VISITATION RIGHTS.**

ChildCarePro, our account management program offers us the ablility to submit invoices, statements and receipts electronically as a PDF file via e-mail messaging.

PLEASE FILL IN THE FOLLOWING:

FEEPAYER: _____

**If you would like both parents names on the Receipts, etc. please PRINT as you would like it to appear.

Invoices, Receipts & Statements as a PDF file via e-mail.

Preferred e-mail address for receiving above information: (please PRINT clearly)

E-mail: _____

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REGISTRATION FORM (cont'd)

PRIMARY CAREGIVER: usually MOTHER or FATHER - please list Feepayer first, then other parent on next page

Name _____ (First Name) _____ (Last Name)

Address _____ (# Street City Province Postal Code)

Home Telephone ( ) - Comments

Cell phone Number ( ) - Comments

School or Work Telephone ( ) - Comments

E-mail
(For Newsletters & general information)

Occupation _____ Employer / School Name _____

School or Employer Address _____ (# Street City Prov. Postal Code)

Days & Work / Class times

This Persons Relationship to Child: Primary Caregiver (circle) **YES** **NO**

Circle all relevant on this line: **Lives with** **Fee payer** **Contact First** **Has Pick up Authority**

Other PRIMARY CONTACT: Usually the MOTHER or FATHER

Name _____ (First Name) _____ (Last Name)

Address _____ (# Street City Province Postal Code)

Home Telephone ( ) - Comments

Cell phone Number ( ) - Comments

School or Work Telephone ( ) - Comments

E-mail
(For Newsletters & general information)

Occupation _____ Employer / School Name _____

School or Employer Address _____ (# Street City Prov. Postal Code)

Days & Work / Class times

This Persons Relationship to Child: Primary Caregiver (circle) **YES** **NO**

Circle all relevant on this line: **Lives with** **Fee payer** **Contact First** **Has Pick up Authority**

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REGISTRATION FORM (cont'd)

****IN AN EMERGENCY, OUR FIRST ACTION WILL BE TO CONTACT THE CHILD'S PARENT(S). HOWEVER, BECAUSE THIS IS NOT ALWAYS SUCCESSFUL, IT IS NECESSARY FOR US TO HAVE ALTERNATE(S) WHOM WE MAY CALL IF WE ARE UNABLE TO MAKE THIS CONTACT OR IF PARENT(S) ARE NOT IMMEDIATELY AVAILABLE. Otherwise, Child & Family Services may have to be called.**

CONTACTS: EMERGENCY **You MUST have at least one emergency contact person who is not the parent whom we may contact in case of emergency . (Employees of ECCI cannot be Emergency Contacts)**

Emergency Contact's Name _____ (First Name) _____ (Last Name)

Address _____ (# / Street) _____ (City) _____ (Province) _____ (Postal Code)

Home Telephone ( ) - _____ Comments _____

Cell phone Number ( ) - _____ Comments _____

School or Work Telephone ( ) - _____ Comments _____

Alternate Telephone ( ) - _____ Comments _____

Occupation _____ Employer / School Name _____

School or Employer Address _____ (# / Street) _____ (City) _____ (Prov.) _____ (Postal Code)

Days & Work / Class times _____

Relationship to Child: _____ Primary Caregiver (circle) **YES** **NO**

Circle all relevant on this line: **Lives with** **Emergency Contact** **Has Pick up Authority**

CONTACTS: EMERGENCY

Emergency Contact's Name _____ (First Name) _____ (Last Name)

Address _____ (# / Street) _____ (City) _____ (Province) _____ (Postal Code)

Home Telephone ( ) - _____ Comments _____

Cell phone Number ( ) - _____ Comments _____

School or Work Telephone ( ) - _____ Comments _____

Alternate Telephone ( ) - _____ Comments _____

Occupation _____ Employer / School Name _____

School or Employer Address _____ (# / Street) _____ (City) _____ (Prov.) _____ (Postal Code)

Days & Work / Class times _____

Relationship to Child: _____ Primary Caregiver (circle) **YES** **NO**

Circle all relevant on this line: **Lives with** **Emergency Contact** **Has Pick up Authority**

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REGISTRATION FORM (cont'd)

CONTACTS: LEGAL GUARDIAN or AGENCY INVOLVED with CHILD (Ask for more forms if needed)

Contact / Social Worker Name _____
First Name Last Name

Agency Name _____

Address _____
Street City Province Postal Code

Contact Telephone ( ) - Comments _____

Agency Phone Number ( ) - Comments _____

Fax Number ( ) - Comments _____

Alternate Telephone ( ) - Comments _____

E-mail _____

Relationship to Child: _____ Primary Caregiver (circle) **YES** **NO**

Circle all relevant on this line: **Feepayer** **Legal Guardian Contact** **Emergency** **Has Pick up Authority**

Other Information:

SIBLINGS: If sibling is over 16 and will be picking up / dropping off child, please list them as a pickup contact.

Sibling Name _____
First **Last** **Birthdate yy/mm/dd**

Sibling Name _____
First **Last** **Birthdate yy/mm/dd**

CONTACTS: OTHER PEOPLE WHO MAY PICK UP THIS CHILD BUT ARE NOT EMERGENCY CONTACTS

Contact Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Relationship to child: _____ Home / Cell Telephone ( ) -

Comments:

CONTACTS: OTHER PEOPLE WHO MAY PICK UP THIS CHILD BUT ARE NOT EMERGENCY CONTACTS

Contact Name _____
First Name Last Name

Address _____
Street City Province Postal Code

Relationship to child: _____ Home / Cell Telephone ( ) -

Comments:

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REGISTRATION FORM (cont'd)

Health & Medical Information

Manitoba Family Health MHSC number: _____ (6 digits)

Child's Personal Health Number _____ (9 digits)

Other Health Plan numbers (if applicable) eg. Blue Cross _____

Allergies or Medical Conditions _____

Special Needs Diagnosis _____

Diagnosis Agency _____ Date of Diagnosis _____

Agency Involved (circle) YES NO

Tested for Senses (circle) YES NO Required Treatment _____

Treatment Details _____

Other Information _____

_____

FAMILY PHYSICIAN/PEDIATRICIAN **(if you have no Family doctor, please list the name and address, etc. of the Hospital or Walk-in Clinic where you would take your child when they are sick / injured)

Physician Name _____
Title First Name Last Name

Address _____
Street City Province Postal Code

Telephone ( ) - Fax _____

Agency Name _____ Position / Field of Expertise _____

Comments:

Other Consultant, Physician, Therapist, Dentist -- (people who may be involved with the health & well being of the child while at the Centre)

Name _____
Title First Name Last Name

Address _____
Street City Province Postal Code

Telephone ( ) - Fax _____

Agency Name _____ Position / Field of Expertise _____

Comments:

Additional pages available if needed - Please ask in the office.

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REGISTRATION FORM (cont'd)

GROWTH & DEVELOPMENT: (Please fill in as they apply to your child and his or her attendance at the Centre. Nursery School only need to fill in **bold areas.)

Eating Habits

****Food Dislikes**

****Food Likes**

****Languages Spoken**

****Dominant Hand**

Nap Information

****Dressing Help Info.**

****Toilet Help Information**

****Favourite Activity**

****Playing Habits**

****Playing Difficulties**

Friends

Previous Care

****Current Discipline**

****Other Information**

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REGISTRATION FORM (cont'd)

ENTER SCHEDULE - Please enter approximate arrival & departure times (School Age please use additional lines to show Before/Lunch/After school schedule) **Centre only opens at 7:45 AM & closes by 5:45 PM

Arrival Time	**Departure Time**	Days (circle)	M T W Th F
Arrival Time	**Departure Time**	Days (circle)	M T W Th F
Arrival Time	**Departure Time**	Days (circle)	M T W Th F

Additional Information: _____

CONSENTS

PRIVACY POLICY

We hereby request your consent to disclose the collected information to Vari Tech Systems Inc. for the purpose of managing the software childcarepro on behalf of Epiphany Children's Centre and in accordance with the Vari Tech Privacy Code. I understand that Vari Tech Systems Inc. will not disclose such personal information without my further consent unless required or permitted by law. For additional information about the Vari Tech Privacy Code, please visit www.varitechsystems.com or contact the Vari Tech Privacy Officer at 204-231-7068 or by email at admin@childcarepro.biz

Date _____ Signature _____

WITHDRAWAL

I am aware that I must provide Epiphany Children's Centre with four(4) weeks notice before withdrawing my child. If I fail to do this, I will be required to pay for four(4) weeks of fees and I will forfeit my deposit.

Date _____ Signature _____

EMERGENCY

I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by Epiphany Children's Centre. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at Epiphany Children's Centre. I understand that in cases of extreme medical emergency paramedics will be called to transport the child with a staff to the nearest hospital and that I will bear the cost of the ambulance. I authorize the release of information or records, concerning my child, to medical professionals in case of emergency.

Date _____ Signature _____

PRESCRIPTION MEDICINE

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during Epiphany Children's Centre hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further, more detailed medicine consent form at that time.

Date _____ Signature _____

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REGISTRATION FORM (cont'd)

PHOTOS/VIDEOS RELEASE

I give permission to Epiphany Children's Centre, to take pictures/videos of my child to be posted on the centre's website and within the Centre premises. I understand that it is my responsibility to update the inf ormation, if I no longer wish to authorize the use of my child's photos/videos. I understand that there will be no payment f or me or my child's participation in the release.

Date _____ Signature _____

RELEASE OF INFORMATION

I authorize the release of any information or records requested to the staff of Epiphany Children's Centre. This information will generally be requested from the program the child is transfering from or other professionals that are or have been involved with the child.

Date _____ Signature _____

PRACTICUM

I give permission for my child to be observed by students in fields relevant to the field of child care if these observations are kept in confidence and used only as a means tofulfill their course requirements. These observations must be approved by Epiphany Children's Centre prior to them being made.

Date _____ Signature _____

RELEASE OF INFORMATION TO SCHOOLS

I authorize Epiphany Children's Centre to exchange information with the school that my child will be / is attending.

Date _____ Signature _____

FIELD TRIPS & OUTINGS

I give permission for my child to accompany Epiphany Children's Centre on field trips. I understand that this includes excursions on foot or on public transportation. (ie. Short walks, local parks/playgrounds; 7-11 stores; fire hall etc. I understand that prior notice of trips away from the Centre using public transportation will be announced ahead of time.

Date _____ Signature _____

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REGISTRATION FORM (cont'd)

SUNSCREEN

I hereby authorize Epiphany Children's Centre to apply SUNSCREEN SPF 30+ on my child during the season when children are at risk of the sun. I am aware that the Centre will post signs notifying me of this action in advance of the season. I will provide the Centre with a bottle of sunscreen at that time with the child's name clearly written on the original bottle and give to a staff so that it may be stored out of reach of other children.

Date _____ Signature _____

INSECT REPELLANT

I hereby authorize Epiphany Children's Centre to apply insect repellent on my child during the season when children are at risk of insect bites. The insect repellent will only be applied if it is brought to the Centre by Me, (parent/guardian) with the child's name clearly written on the bottle. I am aware that I have to hand it to a staff at the Centre so that it may be safely stored out of reach of the children and will not leave it in the lockers.

Date _____ Signature _____

FACE PAINT

I give permission for the Centre staff to use temporary, non-toxic face paints on my child for special occasions or activities.

Date _____ Signature _____

EPIPHANY CHILDREN'S CENTRE PARENT MANUAL & CODE of CONDUCT AGREEMENT

I have received and read Epiphany Children's Centre Parent Guide. I agree to the terms and conditions laid out in this Manual.

Date _____ Signature _____

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REGISTRATION CHECK LIST

a) Child information complete ☐

b) Parent name, address, phone ☐

c) Parent workplace or school name, address & phone ☐
**if you are a student, we need the actual physical address of the school or Faculty building address of the University.

d) Child's feepayer is indicated ☐

e) Emergency contact person name, relationship, address, phone ☐
****We must have an Emergency person with work address & phone number for these people. If we do not have an emergency contact who could pick up you're your child should we not be able to contact you, our next step would be to contact Child & Family Services.**

f) Names of designated Pickup people ☐

g) Manitoba Health Family number (6 digits) & Child's Individual Health number (9digits) ☐

h) Are there any medical, physical, developmental or emotional conditions?

YES NO

(Please circle appropriate)

i) Separation agreements, court orders or other information re: Custody ☐

AS WELL, THE FOLLOWING WILL NEED TO BE DONE:

Non refundable Registration Fee of $10.00 per child paid ☐

**Appropriate Fee deposit made (or first periods fees paid if child is to start once registration is completed) Deposit fee will be applied towards first fees after start of enrolment ☐

$
$