

## Early Learning Centre Registration Form (Ages 0-5 years)

### Child's Contact Information

Childs Name:
Birthdate (Day/Month/Year):
Mailing Address:
We are a: <input type="checkbox"/> CAF Family <input type="checkbox"/> Veteran Family <input type="checkbox"/> CFMWS Family <input type="checkbox"/> Other
*Please note that Canadian Military will have priority childcare in the Early Learning Centre*

#### Mother/ Guardian

#### Father/ Guardian

Name:	Name:
Address (If different from above):	Address (If different from above):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

#### Privacy Notice

Personal information is collected on a voluntary basis by the Canadian Forces Morale and Welfare Services (CFMWS), pursuant to the *National Defence Act*. Your child's name, medical information, social resume and authorized individuals for drop off/pick up will be collected via Early Learning Centre Registration Form, managed by MFS Moose Jaw, located in Moose Jaw, SK, Canada. The information will be used to register your child to the MFS Moose Jaw Early Learning Centre. If you choose not to provide your personal information, your child will be unable to come to the MFS Moose Jaw Early Learning Centre. The information may also be used for program evaluation and reporting purposes. Personal information is protected and is only used and disclosed by CFMWS in accordance with the *Privacy Act*, as described in the personal information bank(s) *Public Communications (PSU 914)*. Under the Act, individuals have rights of access to, and correction of their personal information, and the right to file a complaint to the *Privacy Commissioner of Canada* regarding the institution's handling of personal information. If you require clarification about this statement, contact the CFMWS privacy coordinator at [ATIP.AIPRP@cfmws.com](mailto:ATIP.AIPRP@cfmws.com). For more information on the *Privacy Act*, consult the [Office of the Privacy Commissioner of Canada](#).

## Child's Emergency/ Medical Information

Saskatchewan Health Card Number:

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### Two Emergency Contacts (Other than the parents/guardians)

Name:	Name:
Relationship:	Relationship:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Physicians Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

List all known allergies (Drug/Food/Other):

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\*Epi Pen required? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please fill out separate medication form)

List all medications taken on regular basis:

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List all known medical conditions:

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List any concerns/limitations regarding this child's medical treatment:

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### Authorized People to Pick- up/ Drop-off

The following individuals are authorized to drop-off/pick-up my child (Other than parents) from MFS Early Learning Centre (persons must be 12 years of age or older). **The ELC staff must receive advance notice that one of the following individuals will be picking up your child.**

Name:	Phone:
Name:	Phone:
Name:	Phone:

## My Child's Social Resume

Is your child toilet trained? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Times? \_\_\_\_\_

Is any language other than English used in the home? \_\_\_\_\_ Which one? \_\_\_\_\_

What are your child's favourite activities?

\_\_\_\_\_

Is your child shy? YES \_\_\_ NO \_\_\_ SOMETIMES \_\_\_ With whom/when? \_\_\_\_\_

Provide any further information relating to your child that would be helpful in understanding and caring for your child:

\_\_\_\_\_

\_\_\_\_\_

## Permission Waiver

I grant permission for my child to participate in all activities at the ELC including leaving the ELC building to go to the gym or outside. \_\_\_\_\_ (Initial)

I grant permission for the childcare staff to obtain emergency medical care if warranted. I understand that this may involve calling a physician, interpreting and carrying out his or her instructions and including possible use of an ambulance. \_\_\_\_\_ (Initial)

I understand that this may be done prior to contacting me, and that any expense incurred for treatment is my responsibility. \_\_\_\_\_ (Initial)

MFS-Moose Jaw may, from time to time, engage in activities with participants that are defined as high risk as per organizational insurance definitions. These activities include, but are not limited to, playground use, water related assets, and splash parks. I/We acknowledge that travel and the activities associated with taking part in said activity involve INHERENT RISKS AND DANGERS that may cause SERIOUS INJURY AND POSSIBLE DEATH TO MY/OURSELVES, MY/OUR MINOR CHILD(REN), AND/OR OTHER PARTICIPANTS in the case of any emergency or any mishap involving the misuse of facilities, vehicles, animals, or equipment. By signing this waiver, I/We are releasing MFS-Moose Jaw from any responsibility or liability associated with participating in said programs or services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent Contract

As the parent or guardian of \_\_\_\_\_, enrolled in the MFS-Moose Jaw Early Learning Centre casual childcare program, I agree to the following conditions:

The following statements are included in the Parent Handbook; however, they are the most pertinent and require extra attention. Please read them carefully and make sure you receive your Parent Handbook for a full description of all ELC policies.

- I understand that if any information on my child's registration or medical form changes, I will contact the ELC immediately.
- I understand that it is my responsibility to book childcare on the Friday for the following week, and if I do not do so, there may not be space available for my child.
- I understand that the 24 hour booking policy may be waived if I have an emergency situation. It is my responsibility to inform the MFS-Moose Jaw of this emergency.
- I understand that I must cancel (voicemail message is acceptable) by noon the day prior to my reservation, or I will be charged a five-dollar (\$5.00) fee. The same fee applies if I am late picking up my child.
- I understand that I may not bring my child to the ELC if he/she is sick.
- I understand that I am required to clear my account at the end of each month. If I do not pay the balance owing at the end of each month (balance can be carried for no more than 30 days), then I may be refused service until the balance is cleared.
- I understand that the centre reserves the right to refuse to provide care for any child at the discretion of the Program Support Manager in consultation with the Senior Manager.

**I have received and read the Parent Handbook and understand the polices. I agree to abide by all the policies outlined in the Parent Handbook. \_\_\_\_\_(Initial)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- Yes! Please email me updates on the MFS-Moose Jaw Programming, ELC Calendar, ETC.