

Perriwinkles Child Care Centre's

Registration Form 465-1146

Child's Name		Date of Birth	Start Date	M	F
				Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, Province and Postal Code		City, Province and Postal Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, Province and postal Code	City, Province and postal code
Is allowed to pick-up my child: Yes_____ No_____	Is allowed to pick up my child: Yes_____ No:_____

Medical Information

Hospital/Clinic Preference	Health Card #
Physician's Name	Phone Number
Address	
City, Province and postal Code	

Allergies/Special Health Considerations

Does your child have a life threatening allergy? Yes_____ No_____

Does the allergy require the use of an epi-pen? Yes_____ No_____

Do you require medication to be administered or stored by the staff? Yes_____ No_____

Has your child had peanut butter at home? Yes_____ No_____

If you answered yes to any of the medical Questions please come in to the centre and pick up the necessary medical forms. These forms must be filled out and returned prior to starting.

This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics which may be deemed necessary for the health and safety of my child and waive my right to informed consent of treatment.

Parent's/Guardian's Signature	Date
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