

C.P. 156, 377 rue Sabourin Saint-Pierre-Jolys, MB R0A 1V0 Téléphone: (204) 433-7976 Courriel: cenpg@mts.net

## Registration Form

## Child information

Child's full name:	
Date of birth:	(mm/dd/yyyy) Sex:
Physical address:	Mailing address:
Town/City:	Postal code:
Home telephone number:	
Manitoba Health Number (6 digit):	
Personal identification number (9 digit)	:
Medical/health information	
Family doctor:	
Address:	
Telephone:	
Allergies/medical conditions:	
Family information	
Please provide the names and ages of sib	lings currently living with your child:
Additional details	
Are there any specific details that may at French/English is not the first language,	ffect your child's adjustment? (i.e. separation, divorce, etc.)

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Is there any other information you wish to provide that may help us to get to know your child?			
Are there custody/court orders in effe	ect? Yes	No	
If yes, original copies must be provide note that all information on file is con		s will be made for your child's file. Please	
Parental/guardian information			
Mother/guardian:			
Full name:			
Spoken languages :			
*If different from child's:			
Physical address:		Town/city:	
Mailing address:	Postal cod	le:	
Telephone:	Cell:		
Employer/Educational institution:			
Telephone: H	Ext:		
<u>Father/guardian:</u>			
Full name:			
Spoken languages :			
*If different from child's:			
Physical address:		Town/city:	
Mailing address:	Postal cod	de:	
Telephone:	Cell:		
Employer/educational institution:			
Telephone: I	Ext:		

3/29/2017 À noter que tous les renseignements demeurent confidentiels.

## Emergency contact person(s) and individuals authorized to pick up child

I) In the event of an emergency, if the parent/guardian cannot be reached, please list four individuals who are authorized to be contacted: Name: \_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Name: \_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency care and transportation If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, and the parent/guardian or the emergency persons listed above cannot be reached, I give consent for the child care staff of *Les petites grenouilles* to take the appropriate emergency measures they deem necessary for the protection of my child in their care. I understand that this could include: Calling a doctor, interpreting, and following his directions • Bringing my child to the hospital via ambulance • The transfer of my child's medical file to the hospital or the health center • All expenses incurred by such care, including ambulance fees, are our responsibility If the centre cannot reach our family doctor my child may be brought to the local emergency room

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Date

Signature of parent/guardian

## Consent form

Child'	s name:				
1.	I have read the Parent Policy Manual and agree to co-operate with the policies set out by Les petites grenouilles.				
2.	I give permission for my child to take walks/outings in the community with the staff of Les petites grenouilles.				
3.	. I give permission to the staff of Les petites grenouilles to apply sunscreen and mosquito spray on my child during the summer months.				
4.	I give permission to Les petites grenouilles to videotape/photograph my child while participating in activities and/or community outings. The pictures are to be used for display at the centre only.				
5.	I give permission to Les petites grewww.lespetitesgrenouilles.ca. No	enouilles to add pictures of my child on the website: name will be identified.			
	Signature of parent/guardian	Date			
* * * *	* * * * * * * * * * * * * * * * * * * *	***********			
Amou	nt of deposit paid: \$	(2 weeks)			
Child'	s start date :				
The c	entre would like to become greene	by using less paper.			
Do vo	u accept the receiving of all corresp	oondence, including invoices, by email?			
50 y0	a accept the receiving of an corresp	ondence, merading invoices, by chair.			
	Yes	No			
	168	NO			
f ves	please provide your email address:				
f yes,	please provide your email address:				
f yes,	please provide your email address:				
f yes,	please provide your email address:  Email address				

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