

CNC CHILDMINDING PROGRAM
LANGUAGE AND SKILLS TRAINING/SETTLEMENT SERVICES
COMBINED CARE

REGISTRATION FORM

Child's Name: _____

Name Used: _____

Date of Birth: _____ Gender: Male Female

Languages spoken: _____

Parent's Name: _____ Phone Number: _____

Address: _____

Child's medical information (allergy, food restriction, other):

WAIVER STATEMENT

I _____ am the parent of _____.

I have provided all the information and knowledge needed to care for my child. I understand that CNC Childminding program will take all reasonable safety measures to protect this child. I agree to release, absolve, discharge, and hold harmless CNC Childminding program its employees and volunteers from any and all claims to the fullest extent allowed by law including, but not limited to, claims or damages arising out of the child's participation in this program.

I know that care is only provided while I am participating in an approved program and that I must remain on site and readily available. I understand that care will not be provided if my child has a communicable illness. I agree to follow the rules of the CNC program.

Signature of the eligible parent

Date

This Childminding Program is not licensed by the Government of Ontario.

For ISO use only:

Date information provided

Date information updated

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TERM & CONDITIONS

Welcome to the Language & Skills Training/Settlement Services program.

It is important that you know a child can participate in L&STSS CNC Childminding program only while a parent is attending L&STSS classes. Under provincial law, a child can benefit from L&STSS CNC Childminding only if a parent is present at the site and available in case of an emergency. L&STSS CNC Childminding is not a licensed day care services.

Please remember:

- * You agree to remain at the same site as your child while he/she is participating in the CNC Childminding Program and be readily available to assist your child if needed.
- * You care for your child at Break time, Lunch time & Fieldtrip.
- * You are responsible to bring extra clothes, diapers, indoor shoes.
- * If you leave the L&STSS site at any time you must take your child with you.
- * If you leave the L&STSS site without your child, you will lose your CNC Childminding program privileges.
- * If we cannot find you, we may contact the local child protection agency in order to protect your child.

I understand that the CNC Childminding program is not a licensed day care service by the Government of Ontario and that I must be on site at all times and readily available while my child is in the CNC Childminding program. I understand that if I leave the site without my child, I will immediately lose my CNC Childminding privilege. I understand that to protect my child, the CNC Childminding program may contact the local protection agency.

You must have this form completed before your child participates in the program

Child Information (please print)

First name:

Last name:

Name used:

(Circle) Male Female

Date of birth:

Place of birth:

Child's first language:

Parent(s)/Legal Guardian:

Name:

Address:

City: Province: Postal code:

Phone:

Emergency Contact Information

Name:

Relationship to child:

Address:

City: Province: Postal code:

Phone:

Does this child have any health problems – for example, allergies, food restriction, asthma or diabetes?

(Circle) Yes No *if yes, please explain*

.....
.....

Does this child have any problem with any of the following?

(Circle) Vision Teeth Nutrition Hearing Other

Please explain any problem you circled

.....

Has this child had any illnesses or communicable diseases we should know about?

(Circle) Yes No *if yes, please explain*

.....

Is this child taking any medication?

(Circle) Yes No *if yes, what is name of the medication & what is it for?*

.....

Signature of parent/guardian:

Date:

For office use only

Start date: Withdrawal date:

CNC CHILD PROFILE

Child's Place of birth:

Child's first language:

Are there other languages that the child speaks?

Does your child have any medical conditions that we should know about?

.....

Is your child taking any medication?

Any vision, hearing, speech or nutrition problem?

Any restrictions on play or activities

Preferences and routines:

What are your child's favorite foods?

.....

What activities does he/she enjoy?

Does your child nap? When, and for how long?

Does your child eat with a spoon, fork or hands?

What time does your child go to sleep?

Does he/she sleep through the night?

What word does your child use for bowel movements, urination?

Special Information:

Are there any sibling?

What comfort words can we use with the child

What special names do you have for your child?

.....

Does your child have any favorite toy?

.....

Has your child been in any type of child care before?

FOR STAFF USE ONLY

Confirmation of information

Start date:

Date of withdrawal:

Date the information was updated:

Record of immunization on file:

Date immunization needs to be updated: