

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