



REGISTRATION FORM

CHILD INFORMATION			
Location:	Mississauga, Glen Erin Drive	Brampton, Financial Drive	Start Date:
Child's First Name:	Child's Middle Name:	Child's Last Name:	
Age Group :	Infant / Toddler (12 months to 2 ½ years old)	Preschool (2 ½ years old to 6 years old)	
Date of Birth: (Day/Month/Yr)	Age:	Male	Female
Care is Required:	Full Time	Part Time (Tues & Thurs)	Part Time (Mon & Wed & Fri)
Child's Home Address:	Street:		
Apt. / Unit #:	City:	Province:	Postal Code:
Language(s) spoken at home:			
Sibling Registered:	Yes	No	Name:
PARENT / GUARDIAN 1		PARENT / GUARDIAN 2	
First Name:		First Name:	
Last Name:		Last Name:	
Relationship:		Relationship:	
Address: Same as Child Above		Address: Same as Child Above	
Street:		Street:	
Apt./Unit #:	City:	Apt./Unit #:	City:
Province:	Postal Code:	Province:	Postal Code:
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
EMPLOYMENT		EMPLOYMENT	
Work Phone:		Work Phone:	
Business Name:		Business Name:	
Street Address:		Street Address:	
Unit #:	City:	Unit #:	City:
Province:	Postal Code:	Province:	Postal Code:
Authorized to Pick Up:	Yes	No	Authorized to Pick Up: Yes No
Custody Arrangements:	Not Applicable	As per Attached Agreement	
Name of Parent / Guardian who will be receiving the year end Childcare Tax Receipt:			



REGISTRATION FORM

EMERGENCY CONTACT AND AUTHORIZED PICK-UP (other than Parent/Guardian)

Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up Yes No
Street:	Apt./Unit #:	City:	Province:	Postal Code:
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up Yes No
Street:	Apt./Unit #:	City:	Province:	Postal Code:
Name:	Relationship to child:	Cell Phone:	Home Phone:	Authorized to Pick-up Yes No
Street:	Apt./Unit #:	City:	Province:	Postal Code:

FAMILY PHYSICIAN INFORMATION

Family Doctor's Name: _____

Phone Number: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

IMMUNIZATION RECORDS

Yes, my child is fully immunized, and a copy has been provided to the supervisor.

No, my child has not been immunized and a copy was provided of either:
[www.link Statement of Religious or Conscience Belief form](#) or [www.link Statement of Medical Exemption form](#)

CHILDREN'S MEDICAL INFORMATION

Does your child have any known allergies at this time? Yes No

If yes, please list allergy(ies): _____

Has your child had an anaphylactic reaction to any of the above? Yes No

If yes, please describe: _____

Does your child require an Epi Pen? Yes No

Does your child have any medical concerns? Yes No

If yes, please describe: _____

Does your child require on-going medications? Yes No

If Yes to above, please provide names of medication and reason and dosage required. _____

If your child has allergies, medical concerns or requires on-going medication, please complete the applicable Health Forms.
 Individual Action Plan for a Child with a Special Medical Condition
 Individual Anaphylaxis Emergency Plan (I A E P)
 Administering Medication for Anaphylaxis

Has your child had any Communicable Diseases? Chicken Pox German Measles Hepatitis
 Yes No Red Measles Mumps Scarlet Fever
 Whooping cough (Pertussis) Other:

If yes, please describe and provide dates: _____

Does your child have any special requirements with respect to rest/sleep or physical activities? Yes No

If Yes, please describe: _____

Does your child require Individual Support or have accommodation needs? Yes No

If Yes, please describe: _____



FOOD RESTRICTIONS

Does your child have any food restrictions? Yes No

List foods to be avoided:

Reasons: Food Allergy (Anaphylactic)
 Food Allergy (Non-Anaphylactic)
 Medical Concern
 Personal Observance

PARENT / GUARDIAN SIGNATURE FOR THE ABOVE INFORMATION ON PAGE 1 AND 2 AND 3

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

PARENT / GUARDIAN AUTHORIZATION: Over the Counter Cream Application

All non-prescription creams/ointments must be accompanied by a completed authorization form. Parent/Guardian must hand deliver the cream / ointment in the ORIGINAL container to the classroom teacher. PLEASE NOTE: Aveeno products are not permitted at the centre. I give permission to my child's classroom teacher to apply the cream / ointment as described on the authorization form.

Name of Parent _____ Signature _____ Date _____

PARENT / GUARDIAN AUTHORIZATION: Sunscreen Application

Parent / guardian must supply the Centre with their own personal sunscreen. The Centre does not accept sunblock with Arachidyl alcohol (peanut oil). Aveeno sunscreen includes this ingredient and therefore is NOT permitted at the Centre. The Centre does not permit any sunscreen in an aerosol container. I understand that I am required to apply sunscreen on my child in the morning prior to arriving at the Centre and BHNM staff will re-apply prior to the afternoon outdoor playtime. I give permission to the staff at BHNM Childcare to apply sunscreen to exposed areas of my child, prior to his/her participation in afternoon outdoor play.

Name of Parent _____ Signature _____ Date _____

PARENT / GUARDIAN AUTHORIZATION: Photos and Videos

At BHNM Childcare, we love to capture your child's learning experiences through photographs and videos and share these with our families. These special memories may be posted on our classroom photo documentation board, shared through our *Hi Mama* App or become a part of your child & other children's personal portfolio.

I give permission to BHNM Childcare to share photographs / videos as described above.

I give permission to BHNM Childcare to display photographs / videos of my child engaged in program activities on the Centre's website. I understand that these photographs / videos will be updated from time to time.

Name of Parent _____ Signature _____ Date _____



PARENT / GUARDIAN AUTHORIZATION: Neighbourhood Excursions and Field Trips

I hereby consent to have my child leave the premises of BHNM Childcare from time to time to participate in neighbourhood excursions / walks planned as part of their program and that details will be provided and posted prior to the event. I understand that advance notice and permission forms will be provided for all field trips where school bus transportation is necessary. It is understood that supervision will be provided by staff members and every precaution will be taken to ensure my child's safety. In the event of an accident or injury, Busy Hands 'n' Minds Childcare Centre and all staff members are hereby released from any liability.

Name of Parent _____ Signature _____ Date _____

PARENT / GUARDIAN AUTHORIZATION: Medical Treatment

While every possible effort will be made to reach parents in the event of a medical emergency, we require your permission to authorize any doctor of a necessary treatment in the event of such an emergency. BHNM Childcare may be required to contact emergency help before attempting to reach parents. BHNM Childcare will take direction from emergency personnel, such as 911 operator, as required. Parents will be immediately notified after emergency help is notified. I hereby consent to medical treatment being given to my child, if at any time such treatment is necessary due to circumstances such as an accident, sudden illness or emergency. BHNM Childcare Centre and all staff members are hereby released from any liability due to circumstances and medical treatment received, as a result of such an emergency. I understand that any medical expenses incurred for such treatment are my responsibility.

Name of Parent _____ Signature _____ Date _____

BUSY HANDS 'N' MINDS CHILDCARE CENTRE - PARENT CONTRACT

This will confirm that I have received a copy of the Parent Handbook and I have read, understand and agree to comply with all of the BHNM Childcare Centre's policies and procedures.

I understand that BHNM Childcare Centre reserves the right to make changes to these policies and procedures in order to meet the Childcare Centre's needs or new regulations and that I will be notified, in writing, of these changes.

I understand that failure to comply with any of the centre's policies and procedures may result in termination of childcare services.

Name of Parent _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Start Date:	Program Room:
Withdrawal Date:	Reason:

In receipt of Subsidy:

No

Yes (attach approval letter from the Region of Peel)



Pre-Authorized Debit Agreement

I / We authorize BHNM Childcare Centre and the financial institution designated (or any other financial institution I / We may authorize at any time) to begin deductions as per my/our instructions for the bi-weekly regular recurring payments and/or one-time, for payments of all charges arising under my/our BHNM Childcare Centre account. Regular bi-weekly payments for the full amount of childcare services will be debited to my/our specified account every second Friday of the Month. BHNM Childcare Centre will provide notification regarding any one-time or sporadic debits.

This authority is to remain in effect until BHNM Childcare Centre has received written notification from me/us of it's change. This notification must be received at least (10) ten business days before the next debit is scheduled.

Account Information

Parent / Guardian 1	Parent / Guardian 2 (Joint Account Holder – If Applicable)
Name on the account (Last Name, First Name, Middle Initial).	Name on the account (Last Name, First Name, Middle Initial).
Address:	Address:
Signature of the Account Holder:	Signature of the Joint Account Holder: (If Applicable)
Date:	Date:

Please attach a Cheque marked VOID or a PAD form
(Pre-authorization Debit Form) from your bank.

Busy Hands 'n' Minds Childcare Centre

Mississauga location: 4615 Glen Erin Drive, Mississauga, Ontario, L5M 4G7
Tel:905-569-2999 email: GlenErin@BusyHandsnMinds.com

Brampton location: 8255 Financial Drive, Unit # 1, Brampton, Ontario, L6Y 1M1
Tel:905-451-1999 email: Financial@BusyHandsnMinds.com