

HAPPY HEARTS DAY CARE REGISTRATION FORM FOR CHILD CARE

Name of Child:		Name Child responds to:		
Gender	Male _____	Female _____	Starting Date:	
Person(s) whom child lives with:		Child's Birthdate:		
Address		Postal Code		
Mother's Name	Place of work	Phone (home)	Phone (work)	
Father's name	Place of work	Phone (home)	Phone (work)	
<p>Parent's Birthdays (day /month) so child/ren can make a birthday card for you.</p> <p style="text-align: center;">Mother: _____ Father: _____</p>				
OTHER CHILDREN LIVING AT HOME:				
Name of Child	Age	Name of Child	Age	
Doctor's Name:		Phone:		
Care Card Personal Health Number:				
AUTHORIZED PICKUP PEOPLE FOR PICKUP AND EMERGENCY CONTACT PEOPLE:				
Name	Relationship to Child	Emergency Contact or Authorized Person for pickup (please specify)	Work Phone #	Home Phone #

PERMISSION FORM

THE HAPPY HEARTS COMMUNITY DAY CARE
A Ministry of the Salvation Army Chilliwack Community Church
(604) 792-5285

Dear Parent:

If you would like your child to participate in activities and excursions outside the classroom, please fill out the consent form and return to the day care. Thank you

I _____, give permission for my child/ren _____ to participate in all excursions and activities outside the classroom.

Signature _____
(Parent or guardian)

Date _____

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Dear Parent:

On occasion, we have opportunity to photograph or videotape our daycare children. If you would like your child to be involved in this way, please sign the permission form below.

I _____, give permission for my child/ren _____ videotaped and photographed at the Day Care.

These photos will only be used at the discretion of the Director for use at open houses, promotional and fund-raising activities.

Signature _____
(Parent or guardian)

Date _____

HAPPY HEARTS DAY CARE EMERGENCY PERMISSION FORM

Name _____ Birthdate _____
Surname First Name(s) Year/Month/Day

Address: _____

Home phone: _____

Emergency Contact: _____ Phone: _____

Most recent Tetanus shot: _____

Medical Insurance #: _____

Doctor: _____ Phone: _____

Allergies/Medications _____

I hereby give consent for the staff at Happy Hearts Day Care to take my child _____ to the nearest emergency centre by the Happy Hearts or Church Staff when my emergency contact person cannot be reached.

Date

Signature

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, it may not be possible to contact a parent when they need immediate help. Our procedure is to take the child to the nearest emergency service.

Please sign the consent form below to allow us to take appropriate action in the event you cannot be reached. **Please return the signed form to the centre immediately.** It will be needed to take to the emergency centre at the hospital.

I hereby give consent for my child _____ when ill or injured, to be taken to the nearest emergency centre by the day care staff when I cannot be contacted.

Date

Signature of Parent/Guardian