

CAW COMMUNITY CHILD CARE AND DEVELOPMENTAL SERVICES INC.

C.A.W. Road 25, R.R. # 1, Port Elgin, Ontario NOH 2C5 Telephone: (519) 389-3233 Facsimile: (519) 389-3544

CONFERENCE REGISTRATION FORM

Conference Name: _____ . Dates: _____ .

CHILD INFORMATION

Child's Name: _____
Full Name

Address: _____
Street & Number City Province Postal Code

Male: _____ Female: _____ Birthday: _____
(day / month / year)

Principal Home Language: : _____

Name(s) of people to whom the child may be released: _____

PARENT INFORMATION

Name of Parent/Guardian: _____ Local # (i.e. L. 222): _____

Address(If different than above): _____
Street & Number City/Town Province Postal Code

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Child's Health Card Number and Initials: _____

Is your child currently under a Doctor's care? (If "yes", please describe): Yes: _____ No: _____

Is your child receiving any medication on an ongoing basis? If yes please list : Yes: _____ No: _____

Does your child suffer from any medical conditions such as allergies, asthma, disease or disabilities? If "yes", please list: _____

Does your child have any dietary restrictions? If yes please list/explain : Yes: _____ No: _____

Is your child physically able to take part in all program activities? Yes: _____ No: _____

If no, please list restrictions: _____

IMMUNIZATION RECORD

Please attach a photocopy of your child's immunization record.

CONSENTS

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km. radius from CAW Child Care facility ?

Yes: _____. No: _____.

In the case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s)..

- A. In the event of a medical emergency do you hereby grant permission for the staff of CAW Child Care Services who are trained in emergency first aid and CPR to attend to your child?

Yes: _____. No: _____.

- B. In the event that you can not be reached, do you hereby grant permission for a physician/hospital, as selected by the CAW Community Child Care & Developmental Services Inc., to hospitalize and/or secure proper treatment for your child?

Yes: _____. No: _____.

The CAW Child Care & Developmental Services, Inc. are high profile programs. Do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or CAW Public Relations?

Yes: _____. No: _____.

Please note : Child Care Registrations must be received by CAW Child Care Services two weeks prior to the start of the conference. Failure to complete this process will result in a \$25.00 late registration fee payable by the parent/guardian upon arrival..

Signature of Parent/Guardian

Date