

***Marathon Children and Family Centre  
Confidential Registration Form***

Child's Name:	Date of Birth:
.....	
Home Address:	Box No:
.....	
Other Children in the Family:	
Name/Age/Sex	Name/Age/Sex
_____	_____
_____	_____
Other Household Members:	
_____	

School:	
Grade:	Teacher:
.....	

Mother's Name:	Work/School:
.....	
Home address:	Work/School Address:
Home Telephone No:	Work/School Telephone No:

Father's Name:	Work/School:
.....	
Home address:	Work/School Address:
Home Telephone No:	Work/School Telephone No:

Guardian's Name: CAS or Dilico	Work/School:
.....	
Home Address:	Work/School Address:
Home Telephone No:	Work/School Telephone No:

Two people who can be called in an emergency and who may be available to pick up child if needed:

1<sup>st</sup> Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Names of other persons to whom the child may be released other than parents or guardians or emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

<p><b>Medical Information</b></p> <p>Health Care Provider:</p> <p>.....</p> <p>Telephone:</p>	<p>Address:</p> <p>.....</p>
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Child's allergies:

.....

Does your child require a special diet?

.....

Any special medical conditions?

.....

Does your child require medical treatment, or medications to be administered while receiving child care?

.....

Has your child had any childhood diseases? (mumps, chicken pox etc.)

.....

**Immunizations & Birth Certificate**

**Immunization record received: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Reason immunization record not received:**

\_\_\_\_\_

**Birth certificate received: Yes \_\_\_\_\_**

**Developmental Assessments**

(Please check all that apply)

Speech: \_\_\_\_\_ Name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

Vision: \_\_\_\_\_ Name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

Hearing: \_\_\_\_\_ Name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

Dental Screening: \_\_\_\_\_ Name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any developmental aids your child requires: (i.e. glasses):

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If your child is school age: Do you allow your child to walk unaccompanied to or from their classroom/school bus to the centre?	Yes	No
We encourage independence to go to another room not always supervised by a staff member (i.e. going to the bathroom, going into another playroom to do a quiet activity or homework). Do you feel comfortable with this?	Yes	No

**Please tell us about your child:**

a. Physical Abilities:

b. Toilet Abilities (if applicable):

c. Personality (shy, outgoing, any fears, etc.):

d. Eating Habits: Likes:

e. Eating Habits: Dislikes:

f. Sleeping Habits:

g. Play Interests:

h. Is there anything else you can think of that would help us to know and understand your child better?

**Additional Permission Forms  
Field Trips/ Outings**

I/We give permission for my child to take part in any field trips or other activities, which may require leaving the centre premises. It is my understanding that these outings will be supervised and all possible precautions will be taken to ensure the safety of my child.

I/We give permission for my child to take part in all outings from the centre where a bus or taxi may be the form of transportation.

**Photos/Videos**

I/We give permission for my child to take part in any picture or video taking while in the care of the Marathon Children and Family Centre. I understand that these pictures may be used for public viewing, in local papers, television or at special events or on our website.

**Sunscreen**

I/We give consent for the staff to apply sunscreen that I will need to provide for my child while in attendance. The sunscreen must not contain coconut, palm oil or nut products.

**Insect Repellent**

I/We give consent for the staff to apply insect repellent that I will need to provide for my child while in attendance.

**I/We have read the parent handbook and understand the policies of Marathon Children and Family Centre and agree to abide by them.**

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Starting Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

<i>Application Renewal Date</i>	<i>Parent/Guardian's Signature</i>	<i>Executive Director's Signature</i>

**\* Please Note: All records will be kept for 3 years after discharge.**