PEGUIS FREE SPIRITS CHILD CARE CENTRE

SUMMER PROGRAM

CHILD INFORMATION

Child's Full Name:

Date of Birth:

Address:

Health Card Number:

Allergies/Medical Conditions:

Physician Name & Phone:

PARENT / GUARDIAN #1

Full Name:

Relationship to Child:

Address (if different):

Phone Number:

Email:

EMPLOYMENT / STUDENT INFORMATION (REQUIRED)

Employer/School Name:

Position/Program:

Supervisor Name:

Work/School Phone:

Work/School Hours:

☐ I understand that confirmation of my employment or student status is required and must be provided.

PEGUIS FREE SPIRITS CHILD CARE CENTRE
SUMMER PROGRAM

PARENT / GUARDIAN #2

Full Name:

Relationship to Child:

Address (if different):

Phone Number:

Email:

EMPLOYMENT / STUDENT INFORMATION (REQUIRED)

Employer/School Name:

Position/Program:

Supervisor Name:

Work/School Phone:

Work/School Hours:

☐ I understand that confirmation of my employment or student status is required and must be provided.

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name:

Relationship:

Phone Number:

Emergency Contact #2 Name:

Relationship:

Phone Number:

I fully understand that the centre will contact the two persons stated above in the case of an emergency if I cannot be reached. These two persons will have the authority to pick up my child.

Parent/Guardian Signature:

Date:

PEGUIS FREE SPIRITS CHILD CARE CENTRE

SUMMER PROGRAM

GENERAL CONSENT FORM — PLEASE INITIAL

Emergency Transportation Authorization:

If my child is ill or injured and is in need of immediate medical attention, I give permission for my child to be transported to Percy E. Moore by ambulance, upon my notification or my emergency contacts.

Photographs:

I hereby give consent for photographs of my child for the centers usage. I understand that these photographs will be used only within the Peguis Free Spirits Child Care Centre.

Centre Outings / Field Trips:

I give my permission for my child to accompany Peguis Free Spirits Child Care Centre on any field trips or outings. I understand that this includes excursions on foot or bus. All families will receive detailed documentation of future field trips or outings prior to.

Student / Work Experience Programs:

I hereby give consent for students (work experience/practicum) to interact with my child. I understand that the students may be recording and conducting observations of my child. These records and observations will be kept confidential, as the students are required to fill out an oath of confidentiality. Students will not be left alone with the children.

Parent Handbook Review Confirmation:

I have received a copy of the Peguis Free Spirits Child Care Centre's Parent Handbook. I have read the handbook and agree to abide by the Centres policies. I understand that failure to abide by the policies could result in termination of my child care services.

Release of Information:

I authorize the release of any information or records requested to the staff of the Peguis Free Spirits Child Care Centre. This information will be treated as confidential and will be shared with the staff of the Centre and other professionals that are or have been involved with the child (ie: teachers, director, supervisor, child development specialists).

Cultural Programming Inclusion:

I understand that the Centre incorporates cultural programing which includes experiences, teachings and lessons within the Centre.

PEGUIS FREE SPIRITS CHILD CARE CENTRE

SUMMER PROGRAM — FINAL CONSENTS & DECLARATION

GENERAL CONSENT FORM — CONTINUED

Indirect Supervision:

I give permission for my child to be supervised indirectly at times (ie: going to the washroom, grabbing an item from the middle circle area, etc.). Staff will use reasonable judgement regarding the developmental ability of the individual child and time frame of each situation.

Confidentiality:

Parents are expected to serve as role-models in the Centre. Therefore, the Centre expects parents to conduct themselves in a respectable manner (ie: no foul language, etc.). We work in partnerships with parents and expect any communication, concerns, etc. to be brought to the attention of the Peguis Free Spirits Child Care Centre staff. There is to be no posts or comments applied to any social media sites that involve Peguis Free Spirits Child Care Centre or its employees.

Insect Repellant:

I authorize Peguis Free Spirits Child Care Centre to apply insect repellant on my child during the season when children are at risk of insect bites.

Sunscreen:

I authorize Peguis Free Spirits Child Care Centre to apply sunscreen on my child during the season when children are at risk of sunburn from the sun. If my child requires a specialized type of sunscreen, I will inform immediately and provide the item when needed.

DECLARATION AND SIGNATURE

I certify the information is accurate and agree to policies.

Name (print):

Signature:

Date: