

# Village Child Care Inc. Registration Form

## VCCI

1-730 River Road  
Winnipeg, Manitoba  
R2M 5A4  
Tel:204-987-1595 Fax:204- 257-0487  
[www.villagechildcare.ca](http://www.villagechildcare.ca)  
[vcci@mymts.net](mailto:vcci@mymts.net)



### General Information

**Child's Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Sex (circle)** M F

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School** \_\_\_\_\_  
Year Month Day

### Exceptional Needs/ Special Social Needs & Subsidy

**Subsidy#** \_\_\_\_\_ **Subsidy Start** \_\_\_\_\_ **Subsidy Expiry Date** \_\_\_\_\_  
YY/MM/DD YY/MM/DD

**If you have applied for subsidy but have not received approval, please indicate the date you applied:** \_\_\_\_\_  
YY/MM/DD

**Subsidy (circle)** Ineligible Applied Approved: Copy Provided

### VCCI Programs and Sites

**Site Name (circle)**  
River Road Meadowood Minnetonka

**Program (circle)**  
Infant Preschool Kinder AM/PM School Age School: \_\_\_\_\_ Grade \_\_\_\_\_

**Fee Payer (circle)** Mother Father Other \_\_\_\_\_

**Start Date** \_\_\_\_\_ **Withdrawal Date** \_\_\_\_\_  
YY/MM/DD YY/MM/DD

### Enter Schedule (if child is to attend more then one time per day use additional lines)

**Arrival Time** \_\_\_\_\_ **Departure Time** \_\_\_\_\_ **Days (circle)** M T W T F

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**Arrival Time** \_\_\_\_\_ **Departure Time** \_\_\_\_\_ **Days (circle)** M T W T F

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Custody**

1. Is this child permitted access by the other parent? NO YES

2. Is there a restraining order/custody order in place? NO YES

If yes, please provide us with a copy so that it may be enforced if necessary.

I have spoken with the Site Manager regarding this issue and acknowledge discussion/receipt of copy of Child Day Care Protocol Understanding Custody Arrangements and Court Orders issued by the Criminal or Family Law Courts.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_  
Year Month Day

**Contacts (Parent/Guardian)**

Contact Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street City Province Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work/School Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupations \_\_\_\_\_ Employer/School \_\_\_\_\_

Employer/School Address \_\_\_\_\_  
Street City Province Postal Code

Days & Hours Worked \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Primary Caregiver (circle) Yes No

Circle all relevant: Emergency Contact Lives With Pick Up Authority Restraining Order

**Contacts (Parent/Guardian)**

Contact Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street City Province Postal Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work/School Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupations \_\_\_\_\_ Employer/School \_\_\_\_\_

Employer/School Address \_\_\_\_\_  
Street City Province Postal Code

Days & Hours Worked \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Primary Caregiver (circle) Yes No

Circle all relevant: Emergency Contact Lives With Pick Up Authority Restraining Order



**Other Contact**

**Contact Name** \_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work/School Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Occupations** \_\_\_\_\_ **Employer/School** \_\_\_\_\_

**Employer/School Address** \_\_\_\_\_  
Street City Province Postal Code

**Days & Hours Worked** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Primary Caregiver (circle) Yes No**

**Circle all relevant: Emergency Contact Lives With Pick Up Authority Restraining Order**

**Other Contact**

**Contact Name** \_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work/School Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Occupations** \_\_\_\_\_ **Employer/School** \_\_\_\_\_

**Employer/School Address** \_\_\_\_\_  
Street City Province Postal Code

**Days & Hours Worked** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Primary Caregiver (circle) Yes No**

**Circle all relevant: Emergency Contact Lives With Pick Up Authority Restraining Order**

**Other Contact**

**Contact Name** \_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work/School Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Occupations** \_\_\_\_\_ **Employer/School** \_\_\_\_\_

**Employer/School Address** \_\_\_\_\_  
Street City Province Postal Code

**Days & Hours Worked** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Primary Caregiver (circle) Yes No**

**Circle all relevant: Emergency Contact Lives With Pick Up Authority Restraining Order**

**Other Contact**

**Contact Name** \_\_\_\_\_  
First Name Last Name

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work/School Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Occupations** \_\_\_\_\_ **Employer/School** \_\_\_\_\_

**Employer/School Address** \_\_\_\_\_  
Street City Province Postal Code

**Days & Hours Worked** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Primary Caregiver (circle) Yes No**

**Circle all relevant: Emergency Contact Lives With Pick Up Authority Restraining Order**

**Siblings**

**Sibling Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Sibling Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Sibling Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Health & Medical Information**

**MHSC No.** \_\_\_\_\_ **Individual No.** \_\_\_\_\_ **Health Plan No.** \_\_\_\_\_

**Allergies / Medical Conditions** \_\_\_\_\_

**Diagnosis Agency** \_\_\_\_\_ **Date of Diagnosis** \_\_\_\_\_ **Agency Involved (circle) Y /N**

**Exceptional Needs Diagnosis** \_\_\_\_\_  
\_\_\_\_\_

**Tested for Senses (circle) Yes/No** **Required Treatment** \_\_\_\_\_

**Treatment Details** \_\_\_\_\_

**Other Information** \_\_\_\_\_  
\_\_\_\_\_

**Family Physician**

**Physician Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Agency/Clinic Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Work Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Comment** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Consultant, Physician, Therapist**

**Physician Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Agency Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Field of Expertise** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Work Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Comment** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Consultant, Physician, Therapist**

**Physician Name** \_\_\_\_\_  
First Name Middle Name Last Name

**Agency Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Field of Expertise** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City Province Postal Code

**Work Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Comment** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you do not have a family doctor please indicate which walk-in clinic you would regularly use

**Growth & Development**

**Eating Habits** \_\_\_\_\_

\_\_\_\_\_

**Food Dislikes** \_\_\_\_\_

\_\_\_\_\_

**Languages Spoken** \_\_\_\_\_

**Dominant Hand** \_\_\_\_\_

**Nap Information** \_\_\_\_\_

**Dressing Help Info** \_\_\_\_\_

\_\_\_\_\_

**Toilet Learning: Please check all that apply to your child's present stage:**

- |   |   |
|---|---|
| <input type="checkbox"/> Completely capable of using toilet | <input type="checkbox"/> asks to use toilet           |
| <input type="checkbox"/> In diapers at all times            | <input type="checkbox"/> will use the toilet if taken |
| <input type="checkbox"/> In underwear during the day        | <input type="checkbox"/> will not use the toilet yet  |

**Favorite Activity** \_\_\_\_\_

\_\_\_\_\_

**Playing Habits** \_\_\_\_\_

\_\_\_\_\_

**Playing Difficulties** \_\_\_\_\_

\_\_\_\_\_

**Friends** \_\_\_\_\_

\_\_\_\_\_

**Previous Care** \_\_\_\_\_

\_\_\_\_\_

**Current Discipline** \_\_\_\_\_

\_\_\_\_\_



The following release forms refer to my child \_\_\_\_\_ Site \_\_\_\_\_

### Illness/Emergency Release

I hereby give my consent to have my child receive any required medical care at a Winnipeg hospital. I am aware that an ambulance will be called and my child will be taken to the nearest hospital (at the ambulance drivers discretion). I am also aware that my child/ren will be accompanied to the hospital by an authorized employee of Village Child Care Inc.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Medicine

I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during facility hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with legible prescription indicating the date, doctors name, dosage and instructions. I will sign a further, more detailed medicine consent form at that time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Insect Repellent

I hereby authorize the center to apply an insect repellent on my child during the season when children are at risk from insect bites. I am aware that the center will post signs notifying me of this action in advance of the season.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Sunscreen

I hereby authorize the center to apply sunscreen on my child during the season when children are at risk from the sun (May 1<sup>st</sup>- September 1<sup>st</sup>). I am aware that the center will post signs notifying me of this action in advance of the season

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Field Trips

I hereby give permission for my child to attend planned as well as spontaneous field trips with the center. I understand that this includes excursions on foot or on public transportation. (i.e. Local parks/playgrounds; 7:11 stores; fire hall etc.) Parents will always be contacted by phone for verbal permission and this will be noted in the communication book. I am aware that I have a right to withdrawal my child from attending an outing if so, the center will make every attempt to offer alternate care at another site.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Photography / Video

I hereby give permission for my child to be photographed for display in the Center ONLY. I am aware that I can refuse this request.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**Release of Information to the Parent Board**

For the purpose of organizing events (parties, board meetings, etc) I authorize the centre to release my phone number to a delegate of the board of directors.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Sharing of Information**

In the interest of promoting optimum development of my child, I consent to the sharing of information, related to my child, between the center and \_\_\_\_\_ school.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Practicum**

I give permission for my child to be observed by students in fields relevant to the field of child care. These observations will be kept in confidence and used only as a means to fulfill their course requirements. These observations must be approved by the center.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Withdrawal**

I am aware that I must provide the center with two (2) weeks notice before withdrawing my child. If I fail to do this, I will assume the responsibility of paying two (2) weeks of fees and I will forfeit my deposit.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Newsletter / Calendar**

I would like to receive the Centers monthly newsletter/calendar via E-mail, letting me know of special up-coming events and activities that my child is involved in. My email is \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Policy Agreement**

1. I understand that if I fail to meet with any or all conditions as set out in the Parent Policy and Handbook, provide false or misleading information, or fail to pay the required family contribution to a child care facility. I can be disqualified from receiving any Manitoba Early Learning and Child Care Subsidy and shall, upon request by the Gov't of MB, be required to repay in whole or in part of any subsidy paid on my behalf related to this or any previous Manitoba Child Care subsidy application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

2. I have read and understand all of the policies outlined in the Parent Policy, and code of conduct for Village Child Care Inc. o/a Village Child Care Inc do hereby agree to abide by all of the policies stated therein.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Site \_\_\_\_\_ Staff Signature \_\_\_\_\_

