



Information is to be completed by the child's parent / guardian.
 Once completed, registration forms can be emailed to kidfit60jr@gmail.com
 ALL payments (monthly fee's, deposit etc.) can be emailed to
paymentskidfit60jr@gmail.com

Please notify us if any of your child's information changes.

KidFit 60 Jr. Childcare Academy Registration Form

(431) 570-0037 – 1295 Salter St. Winnipeg, MB – R2V 3J2
 Vince Leah Recreation Center

Child's Information (please print clearly)

Legal Last Name: _____ Date of Birth: _____

First Name: _____ Gender: _____

Nick Name: _____

Legal Custody (if applicable) Joint Mother Father

Program Choice:

Deposit \$100 _____

Facility Start Date:

| Full-Time (M-F) | Monthly Fees | Annual Supply Fee |
|-----------------|--------------|-------------------|
| 2 - 4 year olds | \$960.00 | \$250 |
| Part-Time | Monthly Fees | Annual Supply Fee |
| Mon/Wed/Fri | \$620.00 | \$200 |
| Tues/Thurs | \$440.00 | \$175 |
| ½ Day Kinder | \$570.00 | \$125 |

Enter Schedule – if your child is going to attend more than one time per day, use additional lines

Arrival Time _____ Departure Time _____ Days (circle) M T W TH F

Arrival Time _____ Departure Time _____ Days (circle) M T W TH F

Arrival Time _____ Departure Time _____ Days (circle) M T W TH F

Additional Information _____

Child's Address

Street Name & Number: _____ Postal Code: _____

| |
|--|
| <p>Medical Information</p> <p>Manitoba Health #: _____ Personal Health ID #: _____</p> <p>Health Plan #: _____ Doctor Name: _____</p> <p>Allergies / Health Concerns: _____</p> <p>_____</p> <p>Diagnosis Agency (if applicable): _____ Date of Diagnosis: _____</p> <p>Additional Support Needs Diagnosis: _____ Tested for Senses: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Required Treatment: _____ Treatment Details: _____</p> <p>Parent / Guardian Comments: _____</p> <p>_____</p> |
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| | |
|---|---|
| <p><u>Parent / Guardian #1</u> Student Lives With <input type="checkbox"/></p> <p>Relationship: _____</p> <p>Primary Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address (if different from student): _____ _____</p> <p>Postal Code: _____</p> <p>Work Phone: _____ Ext./Dept. _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Employer Address: _____</p> <p>Day and Hours Worked: _____</p> <p><input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick-Up Authority <input type="checkbox"/> Restraining Order</p> | <p><u>Parent / Guardian #1</u> Student Lives With <input type="checkbox"/></p> <p>Relationship: _____</p> <p>Primary Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address (if different from student): _____ _____</p> <p>Postal Code: _____</p> <p>Work Phone: _____ Ext./Dept. _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Employer Address: _____</p> <p>Day and Hours Worked: _____</p> <p><input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick-Up Authority <input type="checkbox"/> Restraining Order</p> |
|---|---|

| | |
|--|---|
| <p><u>Emergency Contact</u> (if parent cannot be reached)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____ _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p> | <p><u>Additional Contact</u> (if parent & emergency contact cannot be reached)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____ _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p> |
|--|---|

Pick-Up Authority List (please provide a list of all people who have permission to pick up your child from the program- first & last name)

First & Last Name: _____

First & Last Name: _____

First & Last Name: _____

First & Last Name: _____

Siblings: (if applicable) _____

Growth & Development

Language Spoken: _____ Dominant Hand: _____

Eating Habits: _____

Food Likes: _____

Food Dislikes: _____

Toilet Help Information: _____

Nap Information: _____

Dressing Help Information: _____

Favourite Activities: _____

Guidance Method: _____

Date: _____ **Signature:** _____