



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

<b>Program Choice:</b>	<b>Deposit \$100</b>	<b>Facility Start Date:</b>
<b>Full-Time</b>	<b>Monthly Fees</b>	<b>Annual Supply Fee</b>
2 year old	\$970.00	\$250
3 year old	\$950.00	\$250
4 year old	\$930.00	\$250
<b>Part-Time</b>	<b>Monthly Fees</b>	<b>Annual Supply Fee</b>
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: \_\_\_\_\_

**Medical Information**

Manitoba Health #: \_\_\_\_\_ Personal Health ID #: \_\_\_\_\_  
 Health Plan #: \_\_\_\_\_ Doctor Name: \_\_\_\_\_  
 Allergies / Health Concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 Diagnosis Agency (if applicable): \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_  
 Additional Support Needs Diagnosis: \_\_\_\_\_ Tested for Senses:  Yes     No  
 Required Treatment: \_\_\_\_\_ Treatment Details: \_\_\_\_\_  
 Parent / Guardian Comments: \_\_\_\_\_  
 \_\_\_\_\_

<p><b>Parent / Guardian #1 Student Lives With</b> <input type="radio"/></p> <p>Relationship: _____</p> <p>Primary Caregiver: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address (if different from student):</p> <p>_____</p> <p>_____</p> <p>Postal Code: _____</p> <p>Work Phone: _____ Ext./Dept. _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer:</p> <p>_____</p> <p>Employer Address:</p> <p>_____</p> <p>Day and Hours Worked:</p> <p>_____</p> <p><input type="radio"/> Emergency Contact <input type="radio"/> Pick-Up Authority</p> <p><input type="radio"/> Restraining Order</p>	<p><b>Parent / Guardian #1 Student Lives With</b> <input type="radio"/></p> <p>Relationship: _____</p> <p>Primary Caregiver: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address (if different from student):</p> <p>_____</p> <p>_____</p> <p>Postal Code: _____</p> <p>Work Phone: _____ Ext./Dept. _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Employer:</p> <p>_____</p> <p>Employer Address:</p> <p>_____</p> <p>Day and Hours Worked:</p> <p>_____</p> <p><input type="radio"/> Emergency Contact <input type="radio"/> Pick-Up Authority</p> <p><input type="radio"/> Restraining Order</p>
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<p><b>Emergency Contact</b> (if parent cannot be reached)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p>	<p><b>Additional Contact</b> (if parent &amp; emergency contact cannot be reached)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p>
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<p><b>Pick-Up Authority List</b> (please provide a list of all people who have permission to pick up your child from the program- first &amp; last name)</p> <p>First &amp; Last Name: _____</p> <p>First &amp; Last Name: _____</p> <p>First &amp; Last Name: _____</p> <p>First &amp; Last Name: _____</p> <p><b>Siblings:</b> (if applicable) _____</p>
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**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:** \_\_\_\_\_

KidFit 60 Jr. requests your consent for the following items – please select your preference in each box, and sign and date at the bottom of the page to acknowledge all chosen preferences.

**Medical Procedure**

I give permission for my child, in the case of an emergency, to receive medical procedures necessary by my physician or any other member selected by the facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the facility.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Outings**

I give permission for my child to join the facility on local neighborhood outings. I.e.: Local parks/playgrounds etc.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Sunscreen**

I give the facility permission to apply sunscreen (30+ SPF) on my child during the season when children at risk of getting a sunburn outdoors.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Media/Private Facebook Page**

I give permission for KidFit 60 and members of the media, at the discretion of the director of the facility, to take pictures / videos of my child and use my child's name in the context of a news item or advertising purposes and be featured in photos on our private Facebook page (KidFit 60 Jr.)

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Medicine**

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 and will be provided in the original container with a prescription indicating the date, dosage and instructions.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photos**

I give permission for the facility's staff to take pictures / videos of my child(ren) for facility use only.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Observation**

I give permission for my child to be observed by students in fields relevant to the field of childcare, if these observations are kept in confidence and used only as a means to fulfill their course requirements.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Policy**

Release of information on online program to keep up with attendance records, information, etc.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Information / Privacy Records**

I authorize the release of any information or records requested to the staff of the facility. This information will generally be requested from the program the child is transferring from, or from other professionals that are or have been involved with the child. I give permission to release child's information on an online program to keep up with attendance records and necessary information.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Policy Manual**

I agree that I have read and understand the Parent Policy Manual of KidFit 60 Jr. I agree to abide by all the policies outlined therein.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Withdrawal**

I am aware that I must provide the facility with 1 month notice before withdrawing my child. If I fail to do this, I will be required to pay for 1 month of fees.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am giving permission to KidFit60 Jr. staff to give my child any of the following below:

Check box for YES, leave blank for NO

Nail polish

Temporary tattoo

Face painting

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_