



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	Monthly Fees	Annual Supply Fee
2 year old	\$940.00	\$250
3 year old	\$920.00	\$250
4 year old	\$900.00	\$250
Part-Time	Monthly Fees	Annual Supply Fee
Mon/Wed/Fri	\$600.00	\$200
Tues/Thurs	\$425.00	\$175
½ Day Kinder	\$550.00	\$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>Parent / Guardian #1 Student Lives With o</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 <input type="radio"/> Restraining Order</p>	<p>Parent / Guardian #1 Student Lives With o</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 <input type="radio"/> Restraining Order</p>
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<p>Emergency Contact (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>Additional Contact (if parent & 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>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)</p> <p>First & Last Name: _____</p> <p>First & Last Name: _____</p> <p>First & Last Name: _____</p> <p>First & Last Name: _____</p> <p>Siblings: (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 6o 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:** _____