**SAMPLE REGISTRATION FORM**This child care program is not licensed by the Government of Ontario.

Child’s Name:

Name Used:

Date of Birth: Gender ☐ Male ☐ Female

Languages spoken:

Parent Name: Phone Number:

Address:

Child’s medical information (allergy, food restriction, other):

**Wavier Statement**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_.  I have provided all the information and knowledge needed to care for my child.  I understand that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will take all reasonable safety measures to protect this child.  I agree to release, absolve, discharge, and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ its employees and volunteers from any and all claims to the fullest extent allowed by law including, but not limited to, claims or damages arising out of the child’s participation in this program.

I know that care is only provided while I am participating in an approved program and that I must remain on site and readily available. I understand that care will not be provided if my child has a communicable illness. I agree to follow the rules of the CNC program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the eligible parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

For SPO use only:

Date information provided: Date information updated: