



SAMPLE REGISTRATION FORM

Child's Name:

Name Used:

Date of Birth: Gender : Male Female

Languages spoken:

Parent's Name: Phone Number:

Address:

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

.....

WAIVER 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. 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

This program is not provincially licensed.

