

**Manor Park Occasional Child Care  
Registration Form**



A non-refundable administrative fee of \$25.00 will be charged to process each child's registration.

Child's Name: \_\_\_\_\_

Gender \_\_\_\_ Date of Birth MM / DD / YYYY

**Medical Information**

Medical Conditions <i>(if any)</i>	Allergies/Food Restrictions <i>(if any)</i>

	Parent/Guardian	Parent/Guardian
Name		
Address		
Postal Code		
Phone (c & h)		
E-mail		
Employer		
Work Address		
Phone (w)		
<b>Custody arrangements, if any:</b>		

	Emergency Contact <i>(other than parents)</i>	Pick-Up List <i>(person(s) to whom child can be released other than parents)</i>
Name		
Phone (c)		
Phone (w)		

**Consent to Photograph your Child:** Photographs may be taken of children while attending Manor Park Occasional Child Care. These photographs may be used in hardcopy (ie. Room décor, newspaper, reports, promotion) or electronically (ie. Newsletter, social media, promotion).  
 I Do Allow     I Do Not Allow

**Parental consent for registration:** I have read the Manor Park Community Council policies, including fees, assumption of risk, withdrawals and refunds, and accept the conditions. By signing below, I authorize the Manor Park Community Council (MPCC) to collect and use the personal information on this form for the purpose of the management and administration of the program. I authorize the MPCC to disclose such personal information to third parties, as may be required for this purpose, including legal and insurance companies. The MPCC may also be required or permitted to disclose such personal information pursuant to relevant privacy or other laws.

I agree to receive emails from the MPCC about other programs, events or news.

Signature of Parent/Guardian: \_\_\_\_\_ Date: MM / DD / YYYY

<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Agreement to provide own snack	<input type="checkbox"/> Authorization for non-prescription skin products	<input type="checkbox"/> Medical forms (if necessary)
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For office use:  
 Debit:   
 Other: