

**THE SALVATION ARMY "SMALL BLESSINGS"  
EARLY CHILDHOOD DEVELOPMENT CENTRE  
20 Centennial Drive, Moncton NB., E1E 4E4**

**Registration Form**

**(Must be accompanied by a \$30.00, non-refundable, registration fee)**

Date registered \_\_\_\_\_ Date visited \_\_\_\_\_ Date required \_\_\_\_\_

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

Child's Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medicare # \_\_\_\_\_  
Day Month Year

Name of Parent or Guardian \_\_\_\_\_

Legal Custodian: Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Legal Custodian: Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about Small Blessings? \_\_\_\_\_

I understand this registration puts me on a wait list and that a space may not be available exactly when required.

Signature of Parent or Guardian \_\_\_\_\_

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For office use only

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Reason \_\_\_\_\_

Please complete this consent form and return to the facility

Name of ELC facility: \_\_\_\_\_

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| Child's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date |
| <b>Consent for emergency care and transportation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <p>If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.</p> <p>I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.</p> <p>I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| Parent/Guardian Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date |
| Parent/Guardian Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date |
| <b>PLEASE INDICATE YOUR CONSENT AND SIGN AT THE BOTTOM OF THE FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <b>Administration of acetaminophen consent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>I give consent for acetaminophen to be administered to my child providing I have been contacted first to provide oral consent and to indicate the dosage.</p> <p>On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent.</p> <p>I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour).</p> <p>Reason: Fever above _____ Celsius      Body ache _____</p> <p>Other _____</p> |      |
| <b>Consent for my child to be taken on walking outings/excursions off the premises</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning.</p> <p>Consent forms for any motor transportation trips will be separate and for each outing.</p> <p>I give permission for my child to be able to participate in the walking trips off the premises.</p>                                                                                                                                                                                                  |      |

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| <b>Consent for videographing and photographs</b>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                       | <p>I give consent for my child to be videographed or photographed participating in the facility for the following reasons:</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Social Media such as Facebook</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Facility's website</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Publication</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Illustrate child's learning within the facility</p>                                                                                                                                                                                                                                                                                                            |
| <b>Consent for child to walk/bicycle to and from school unattended (school-age children only)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A       | <p>I give consent for my school-aged child to travel to and from school unsupervised. If my child does not arrive at the facility within the pre-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Consent for transportation to and from school (school-age children only)</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A       | <p>I authorize the operator to transport my child to and from school by the authorized facility vehicle or by walking. Where applicable, appropriate seat restraints are used.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Consent for bathing</b>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A       | <p>I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.) or because of a toilet accident.</p> <p>Also applies to overnight care where bathing is part of the night time routine.</p> <p>To ensure the health and safety of children who may require bathing, children must be:</p> <ul style="list-style-type: none"> <li>◦ bathed individually and supervised according to developmental needs;</li> <li>◦ never left unattended; and</li> <li>◦ bathed as quickly as possible and dressed appropriately.</li> </ul> <p>Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards.</p> <p>Bathtubs will be equipped with a nonskid mat or surface.</p> |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                       | <p>I have read, understand and been provided a copy of the facility's parent/guardian handbook.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Parent/Guardian Signature</b>                                                                  | <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Parent/Guardian Signature</b>                                                                  | <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |