



# Recreation & Community Centre

## DAYCARE REGISTRATION FORM

### Participant Information

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth (yyyy-mm-dd) \_\_\_\_\_  
Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Health Care Number \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Names \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail address(es) \_\_\_\_\_  
 No, I do not want to be notified of upcoming recreation registration information and recreation announcements  
Emergency Contact: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
**Parent's/Guardians: Please be aware that there will be no registration of children without completion of this form and immunization record. Furthermore, there is no issuance of refunds or credits for days paid but not attended.**

### Medical Information and Release

Are your child's immunization shots up to date with NWT standards? Yes / No  
Has your child had any of the following communicable diseases? (Please check off and provide info)  
Chicken Pox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Rubella \_\_\_\_\_ Other \_\_\_\_\_  
Does your child have allergies? Yes / No (if yes, please provide information as to appropriate  
**If yes, Please fill Allergy Information Form.**  
Does your child suffer from any of the following? (If yes, please explain the nature of the illness)  
Diabetes: Yes / No \_\_\_\_\_ Asthma: Yes / No \_\_\_\_\_  
Convulsions: Yes / No \_\_\_\_\_ Ear Infections: Yes ? No \_\_\_\_\_  
Behavior Disorders: Yes / No \_\_\_\_\_ Other: \_\_\_\_\_  
Suggestions from Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The health history provided in this form is correct so far as I know, and the person herein described has my permission to engage in the above mentioned Rec Centre Activity/Program, except as noted by me on this form. In the event that I cannot be reached in an EMERGENCY I hereby give permission to transport my child as necessary and to the physician selected by the Town of Fort Smith Recreation and Community Centre Staff to hospitalize my child as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental Authorization

Personally identifying information will be used by the Town of Fort Smith to facilitate registration of the applicant into the requested recreation program, to produce aggregated statistical reports and to improve recreational programs provided by the Town. Applicants may, from time to time, be contacted by the Town for the express purposes of assessing satisfaction and/or to obtain feedback on recreational services, facilities, pricing, promotion and/or other aspects of program delivery. The Town will make every reasonable effort to protect the applicant's personally identifying information.

I, \_\_\_\_\_ (parent's name) am the legal guardian of \_\_\_\_\_ (child's name). I am aware of the activities offered to the children who participate in this program. I understand the risk to my child, and take full responsibility for my child, and do not and will not hold the Town of Fort Smith or the Recreation & Community Centre's staff responsible in any way for anything that may happen to my child during his/her time in this program. I hereby release the Town of Fort Smith from all claims for damages arising from participation of the applicant hereon during any program or in any location where a program is held. I also acknowledge that there are no refunds or credits given for days that have been paid for but not attended.

Submission of this application does not guarantee space for your child in the Fort Smith Daycare program. Applicants will be notified when a spot is available for your child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization of Release

I hereby authorize the following person(s) to pick my child up from the Daycare Program:

Person(s) who are NEVER authorized to pick up my child:

## Photo Consent

The Town of Fort Smith may wish to take photographs of the participants at various times. Some of these photos may be used for public display, in newspapers, recreation guides, and other printed material. The Town of Fort Smith needs your written permission to use photographs at any time.

I hereby authorize the Town of Fort Smith Recreation & Community Center to take pictures of my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Transportation/Outing Consent

To enrich our program and utilize all that the community has to offer, the program will at times leave our primary site at the Recreation Centre.

I hereby give permission to the Town of Fort Smith Recreation and Community Centre Staff to transport my child to and from activities such as, but not limited to: the playground, home, school, trails, field trip activities etc. I will be notified in advance of field trip activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and return it the Recreation and Community Center. If you have any questions regarding program registration or require more information about this program, please contact Emily Colucci, Program Coordinator - Childcare, at(867) 872-4732 or ecolucci@fortsmith.ca