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Registration Form

Child information

Child's full name: _____

Date of birth: _____ (mm/dd/yyyy) Sex: _____

Physical address: _____ Mailing address: _____

Town/City: _____ Postal code: _____

Home telephone number: _____

Manitoba Health Number (6 digit) : _____

Personal identification number (9 digit) : _____

Medical/health information

Family doctor: _____

Address: _____

Telephone: _____

Allergies/medical conditions: _____

Family information

Please provide the names and ages of siblings currently living with your child:

Additional details

Are there any specific details that may affect your child's adjustment? (i.e. separation, divorce, French/English is not the first language, etc.)

Is there any other information you wish to provide that may help us to get to know your child?

Are there custody/court orders in effect? Yes No

If yes, original copies must be provided and copies will be made for your child's file. **Please note that all information on file is confidential.**

Parental/guardian information

Mother/guardian:

Full name: _____

Spoken languages : _____

*If different from child's:

Physical address: _____ Town/city: _____

Mailing address: _____ Postal code: _____

Telephone: _____ Cell: _____

Employer/Educational institution: _____

Telephone: _____ Ext: _____

Father/guardian:

Full name: _____

Spoken languages : _____

*If different from child's :

Physical address: _____ Town/city: _____

Mailing address: _____ Postal code: _____

Telephone: _____ Cell: _____

Employer/educational institution: _____

Telephone: _____ Ext: _____

Emergency contact person(s) and individuals authorized to pick up child

D) In the event of an emergency, if the parent/guardian cannot be reached, please list four individuals who are authorized to be contacted :

Name: _____ Relation to child: _____

Telephone: _____ Cell: _____

Name: _____ Relation to child: _____

Telephone: _____ Cell: _____

Name: _____ Relation to child: _____

Telephone: _____ Cell: _____

Name: _____ Relation to child: _____

Telephone: _____ Cell: _____

Emergency care and transportation

If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, and the parent/guardian or the emergency persons listed above cannot be reached, I give consent for the child care staff of ***Les petites grenouilles*** to take the appropriate emergency measures they deem necessary for the protection of my child in their care.

I understand that this could include:

- Calling a doctor, interpreting, and following his directions
- Bringing my child to the hospital via ambulance
- The transfer of my child's medical file to the hospital or the health center
- All expenses incurred by such care, including ambulance fees, are our responsibility
- If the centre cannot reach our family doctor my child may be brought to the local emergency room

Signature of parent/guardian

Date

