 **Children Registration Form**

|  |
| --- |
| **Child’s Name**: **Child’s Age:****Care Card Number:**  |
| **Child’s Doctor: Phone Number:** |
| **Event/Location:**  **Contact Person on site:**  |
| **Date/Time:**  |
| **Childcare Staff:** Any Early Childhood Educator (ECE), ECE Assistant, or Responsible Adult employed by Pacific Immigrant Resources Society (PIRS) |

*PIRS Pop-up Childcare is a supervised and play-based service for 18-months to 12-year-old children run by certified and qualified childcare staff (younger children will be allowed on a case-to-case basis). We are not a licensed childcare service.*

Parents/guardians must sign in and out their child(ren).

● I understand that childcare staff only accompanies the child to the washroom to wash hands. Otherwise, the

 parent will be called to help the child, especially to change diapers unless with consent below:

 Yes\_\_\_\_\_ No\_\_\_\_\_ I give consent to the childcare staff to help my child in the washroom or change diapers.

● I understand that childcare staff only assists with the child’s own snacks or what has been approved by the event organizer.

● I understand that childcare staff do not administer medication.

● I understand that I will leave my child in a childminding play area while I remain on the same premises. I am present on the premises while my child is in care and immediately accessible at all times to attend to my child’s needs. If my child has issues or concerns, the staff will contact me.

* I understand that I will be notified when my child is ill or needs medical attention. However, if the emergency contact person or I cannot be available and immediate help for the child is needed, the childcare worker will call for an ambulance and/or take the appropriate action on behalf of the child using this consent form and show it to the emergency centre. I hereby give consent for my child named above to be taken to the nearest emergency centre and receive medical treatment.

Yes\_\_\_\_\_ No\_\_\_\_\_ My child is currently feeling well (no fever, cough, sore throat, or runny nose).

Yes\_\_\_\_\_ No\_\_\_\_\_ I give consent to photos being taken and used for PIRS Pop-up Childcare marketing material.

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person/Alternate Pick-up Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Additional Notes: For health and safety, please advise the staff of any health issues, allergies, or food restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*If your child shows symptoms of flu, fever, rash, vomiting, excessive coughing, or diarrhea, we will ask you kindly to pick him up.*

Parent’s/Guardian’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_