

Parent Contract

As the parent or guardian of _____, enrolled in the MFRC Early Learning Centre casual childcare program, I agree to the following conditions:

The following statements are included in the Parent Handbook, however they are the most pertinent and require extra attention. Please read them carefully and make sure you receive your Parent Handbook for a full description of all the ELC policies.

1. I understand that if any information on my child's registration or medical form changes, I will contact the MFRC Early Learning Centre immediately.
2. I understand that it is my responsibility to book childcare on the Friday for the following week, and if I do not do so, there may not be space available for my child.
3. I understand that the 24-hour booking policy may be waived if I have an emergency situation. It is my responsibility to inform the MFRC of this emergency.
4. I understand that I must cancel (voice mail message *is acceptable*) **by noon the day prior to my reservation** or I will be charged a five-dollar (\$5.00) fee. The same fee applies if I am late picking up my child.
5. I understand that I may not bring my child to ELC if he/she is sick.
6. I understand that I am required to clear my account at the end of each month. If I do not pay the balance owing at the end of the month (balances may be carried for no more than 30 days), then I may be refused service until the balance is cleared.
7. I understand that the centre reserves the right to refuse to provide care for any child at the discretion of Senior Operations Manager in consultation with the Executive Director.

I have received and read the Parent Handbook and understand the policies. I agree to abide by all the policies outlined in the Parent Handbook. _____ (initial)

Signature of Parent or Guardian: _____ Date: _____

YES! Please email me updates on MFRC Programming, ELC Calendars, etc.



MFRC Early Learning Centre Registration Form (Ages 0-5 years)

Child's Contact Information

Child's Name:
Birthdate (Day/Month/Year):
Mailing Address:
We are a: <input type="checkbox"/> CAF family <input type="checkbox"/> Foreign Military, RCMP family <input type="checkbox"/> 15 Wing Public Service family <input type="checkbox"/> Morale & Welfare (MFRC, PSP & NPP) family <input type="checkbox"/> Families of Ill/Injured Transitioned CAF Members (as of 1APR18) <input type="checkbox"/> 15 Wing Defence Partners (CAE, ATCO, SERCO) family <input type="checkbox"/> Families of Retired CAF <p style="text-align: right;">*Please note that Canadian military will have priority childcare in the Early Learning Centre.*</p>

Mother's / Guardian's

Name:
Address (if different from above):
Home Phone #:
Work Phone #:
Cell Phone #:
Email Address:

Father's / Guardian's

Name:
Address (if different from above):
Home Phone #:
Work Phone#:
Cell Phone #:
Email Address:



Child's Emergency / Medical Information

Saskatchewan Health Card Number: _____

Two emergency contacts (other than the parents / guardians)

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Physician's Name: _____

Phone: _____

Address: _____

List all known allergies (Drug /Food/Other):

EPI Pen required? NO YES (if yes, please fill out separate medication form)

List all medications taken on a regular basis:

List all known medical conditions:

List any concerns / limitations regarding this child's medical treatment:

Authorized People to Pick-up / Drop-off

The following individuals are authorized to drop off / pick up my child (other than parents) from the MFRC Early Learning Centre (Persons must be 12 years of age or older). **The ELC staff must receive advance notice that one of the following individuals will be picking up your child.**

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____

The Moose Jaw MFRC Inc. adheres to the Privacy Code for Military Family Services Program (the code) in protecting personal information of Canadian Forces (CF) members and their families that is provided to or collected by the MFRCs located within Canada.



My Child's Social Resume

Is your child toilet trained? _____ Does your child nap? _____

Is any language other than English used in the home? _____ Which one? _____

Can others understand when he/she speaks? _____

What are your child's favourite activities? _____

Are there any activities that your child dislikes?

How does your child show feelings of:

Affection: _____ Worry: _____

Fear : _____ Anger: _____

Frustration: _____ Excitement: _____

Is your child shy? Yes No Sometimes **With whom/when?** _____

How do you handle discipline in your home? _____

Provide any further information relating to your child that would be helpful in understanding and caring for your child: _____

Permission Waiver

I grant permission for my child to participate in all activities in the Early Learning Centre including leaving the ELC building to go to the gym or outside. _____ (initial)

I grant permission for the childcare staff to obtain emergency medical care if warranted. I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance. _____ (initial)

I understand that this may be done prior to contacting me, and that any expense incurred for treatment is my responsibility. _____ (initial)

I give permission for my child to be photographed or videotaped for use in MFRC promotional materials only.

_____ (initial)

The Moose Jaw MFRC Inc. may, from time to time, engage in activities with participants that are defined as high risk as per organizational insurance definitions. These activities include, but are not limited to, playground use, age-appropriate inflatables, water-related assets and splash parks. I/We acknowledge that travel and the activities associated with taking part in said activity, involve INHERENT RISKS AND DANGERS that may cause SERIOUS INJURY AND POSSIBLY DEATH TO MY/OURSELVES, MY/OUR MINOR CHILD(REN) AND/OR OTHER PARTICIPANTS in the case of any emergency or any mishap involving or misuse of facilities, vehicles, animals or equipment. By signing this waiver, I/we are releasing Moose Jaw MFRC Inc. from any responsibility or liability associated with participating in said programs and/or services.

Signature: _____ **Date:** _____

