## **Britannia Child Care HUB Parent Night Registration Form**

Registration Form
Location: Learning Resource Room (below library)



Please sign me up for the following My name is			
☐ KIDS & SCREEN TIME Tuesday April 24, 2018 6:30-8:30PM			
ASKABLE ADULT KIDS, BO Tuesday May 1, 2018 6:30-8:30PM	DY SCIENCE	& SEXUAL HEAL	TH EDUCATION
Child minding required: YES	NO 🗀		
Child minding RELEASE FORM	l Please fill in t	he following form:	
Name of Child	_ Date of Birth		Age
Parent/Guardian Name: Parent/Guardian Phone #			
Limited spaces on a first come ba To register please fill in th			
People authorize to pick up my child (please have them bring photo ID) People not listed will not be allowed to pick up your child  1		Emergency Contact (other than parent/guardian)  Name Phone # Relation to Child	
Please list any Allergies of the Child			
I agree to the following:			
<ol> <li>To provide a NUT FREE sna</li> <li>Give permission for the staff emergency.</li> <li>I agree to stay on the Britann</li> </ol>	to administer fi	rst aid including, c	alling 911 in event of an
<ol> <li>I agree to stay on the Britannia site while my child is in child-minding.</li> <li>I agree to be readily available, if called by staff, to pick up, to assist, to console my child for any issues including emergencies.</li> </ol>			
<ul> <li>I agree to pick up my child promptly after the event/meeting at Britannia.</li> <li>I understand that Britannia is only offering child-minding and not licensed Child Care services for my child.</li> </ul>			
<ol> <li>If I fail to pick up my child within 10 mins of the end of event/meeting the staff will call the emergency contact person.</li> </ol>			
I have read, understood and agree t	o the terms abo	ove for child-mindi	ng at Britannia Community
Services Centre.  * CHILDMINDING WILL BE IN THE	BRITANNIA C	HILD CARE ROC	OM.
Signature of Parent or Guardian:			Date of the state
Date:			DILLANNIA COMMUNITY SERVICES CENTRE