

**Strike Camp 2020  
Registration Form**

**Child**

<b>Last Name:</b>	<b>Hours 8:30-4:00 Fee \$65 per day</b>
<b>First Name:</b>	
<b>Nick Name:</b>	
<b>Date of Birth(MM/DD/YY):</b>	

**Parents/Guardians**

<b>1)Last Name:</b>	<b>Address:</b>
<b>First Name:</b>	<b>Home Phone:</b>
<b>Relationship To Child:</b>	<b>Cell Phone:</b>
<b>Work Address:</b>	<b>Work Phone</b>

<b>2)Last Name:</b>	<b>Address:</b>
<b>First Name:</b>	<b>Home Phone:</b>
<b>Relationship to Child:</b>	<b>Cell Phone:</b>
<b>Work Address:</b>	<b>Work Phone</b>

**Emergency Contact**

<b>Name:</b>	<b>Relationship to Child:</b>
<b>Home Phone:</b>	<b>Cell Number:</b>

**Medical Information**

<b>Doctor:</b>	<b>Office Phone:</b>
<b>Medical Ins#</b>	<b>Health Card#</b>
<b>Allgeries:</b>	
<b>Medical Conditions:</b>	
<b>Medications:</b>	

**Additional Information: Please indicate likes/dislikes, potty training, special interesstes, child's temperament, etc.**

**Immunization: Is your childs immunication vaccines up-to-date? Yes\_\_\_\_\_No\_\_\_\_\_**

**Consent:**

It is the policy of Midtown's Tiny Tots Childcare to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest Children's Hospital which is North York General.

Please sign below so that we can take appropriate action on behalf of you child.

I hereby give my/our consent for my/our child \_\_\_\_\_ when ill or injured, to be taken to the nearest emergency centre by staff of Midtown's Tiny Tots when I/we cannot be contacted. I consent to an ambulance being called to transport the child, if necessary. I further agree to pay all incurred charges during the visit.

**Waiver:**

I hereby release and hold harmless Midtown's Tiny Tots; it's agents, officers, and employees and affiliated companies from any liability, in the respect to injury of any nature arising out or connected with my child's participation in the Midtown's Tiny Tots program.

Parent/guardian signature _____	Parent/guardian signature _____
Date	Date

