

Oak Park Moms and Tots Paid Program Registration Form

Date _____

Parent/Caregiver _____ Relation to Child _____

Parent/Guardian Address _____ Postal Code _____

Parent/Guardian Home Phone _____ Cell phone _____

Other phone? _____ email _____

Child's Name _____ B-Day _____

Child's Name _____ B-Day _____

Child's Name _____ B-Day _____

Emergency Name _____ Phone _____ Relation to child _____

Medical conditions that we should know about? _____

If child has a life threatening allergy we need you to fill out an additional form. Please notify staff.

Class _____ Time _____ Fee paid by Cheque _____

I acknowledge and understand that participation in and attendance at Oak Park moms and Tots activities and programs involves certain risks and dangers of accidents. I understand, have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

IN CONSIDERATION of my child(ren) and myself being permitted to participate in the OAK PARK MOMS AND TOTS programs and activities, I, myself, my heirs, my executors, my administrators, my successors and assigns do HEREBY REMISE, RELEASE, WAIVE, SAVE HARMLESS AND FOREVER DISCHARGE, AND AGREE TO PROTECT AND INDEMNIFY The Oak Parks Moms and Tots, it's officers, directors, agents, volunteers, committees and employees or other persons making their homes or property available to Oak Park Moms and Tots FROM AND AGAINST ANY AND ALL kinds of loss, liability, damages, actions, claims, costs, expenses and demands in respect of death or of any injury, loss or damage, to my person or property HOWSOEVER CAUSED arising out of myself and my child(ren) being permitted to attend or in any way take part in Oak Park Moms and Tots programs and activities whether as a spectator, participant or otherwise AND NOTWITHSTANDING that the same may have been caused or contributed to by the negligence of any of the aforesaid, their servants, agents, officials or representatives.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability by any or all of them as a result of, or in any way connected with, my participation in the said activities.

I HEREBY ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY and to the collection and use of personal information and agree to conditions outline therein.. I further acknowledge that the purpose of this document is to protect the Oak Park Moms and Tots, and anyone or any group for which it may be in law responsible, from any liability whatever arising from any loss that may be fall me or my children in respect to the Oak Park Moms and Tots programs and activities.

The child Consent Waiver Form shall become effective as of _____
(day/month/year)

This form shall remain in full force and effect until it is withdrawn or amended by giving written notice to the Board of Oak Park Mom's and Tots. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. This form shall bind me/us my/our representatives, successors and/or administrators. I represent and warrant that I have the authority to give this release.

(Witness)

(Signature of Parent/Legal Guardian)

Printed names

Oak Park Moms and Tots Emergency Treatment Release Form

I authorize Oak Park Moms and Tots to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, _____, in the event of an emergency, to receive full medical attention deemed necessary by a physician at a hospital. If possible without leaving the centre without sufficient staff, my child will be accompanied to the hospital or met there. Every effort will be made to reach me and/or my emergency contact person. I agree to accept any financial responsibility for any emergency medical care necessary.

Signature of parent/legal guardian: _____

Date: _____ Witness: _____

AUTHORIZED PERSONS TO PICK UP CHILD

The following people are authorized to pick up my child, _____
_____ from Oak Park Moms and Tots.

Signature of Parent/Guardian: _____ Date: ___/___/___

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____ Name: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

A written consent letter is required for pickup by anyone not on this list.

Oak Park Moms and Tots Drop Off Health checklist

Children cannot attend the preschool program if they...

- Don't feel well enough to participate
- Have a temperature that is above normal
- Have a headache that is affecting their ability to interact
- Have diarrhea
- Have strep throat or impetigo (isolated for 24 hrs after treatment begins)
- Have an eye infection (isolated for 24 hrs after treatment begins)
- Have discharge from the ear or eye
- Have an earache
- They require care that the teachers are not able to provide.
- Are extremely sleepy
- Are having trouble breathing
- Have vomited 2 or more times in the last 24 hours.
- Are unable to tolerate normal food or drink due to illness
- Have a severe cough
- Have a skin rash from an undetermined cause
- Have head lice or scabies (must have one treatment to return)
- Have chickenpox (safe to return after sores are crusted over usually 7 days)
- Have hepatitis A (safe to return 7 days after the jaundice began)
- Have pertussis (Safe to return after 5 days of antibiotics)
- Have tuberculosis, measles, shingles, E.Coli, or Shigella (Dr. must provide signed note saying they are no longer contagious)