

## Registration form Drop-in daycare

### MFRC Montreal region

**Parent's last name** : \_\_\_\_\_  
**First name** : \_\_\_\_\_ Rank : \_\_\_\_\_  
 Address : street : \_\_\_\_\_  
 City, Postal code : \_\_\_\_\_

Home number : \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell number : \_\_\_\_\_  
 Email adress : \_\_\_\_\_

Status :  Civilian  Military  Regular  Reserve

Veteran  Released medical Date: \_\_\_\_\_  
 Other Veteran  
 SERVICE NUMBER : \_\_\_\_\_

**Parent's last name** : \_\_\_\_\_  
**First name** : \_\_\_\_\_ Rank : \_\_\_\_\_  
 Address : street : same  \_\_\_\_\_  
 City, Postal code : \_\_\_\_\_

Home number : \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell number : \_\_\_\_\_  
 Email adress : \_\_\_\_\_

Statut :  Civilian  Military  Regular  Reserve

Vétérán  Released medical Date: \_\_\_\_\_  
 Vétérán autre  
 SERVICE NUMBER : \_\_\_\_\_

**Child's last name** : \_\_\_\_\_  
 Date of birth : \_\_\_\_\_  
 (day) (month) (year)

**First name** : \_\_\_\_\_  
 Health card : \_\_\_\_\_  
 number Exp. date : \_\_\_\_\_

My child suffers from an allergy, food intolerance or medical condition  Yes  No  
 If yes, please provide more information? \_\_\_\_\_  
 I understand and accept that the MFRC premises are not allergen risk free  Yes  No  
 I agree that my child participates in crafts and activities including food  Yes  No

Person authorized to pick up child in case of an emergency, if the MFRC can't reach the parents

Last/First name : \_\_\_\_\_ Link : \_\_\_\_\_  
 Phone number : \_\_\_\_\_

Person authorized to pick up child with photo I.D.

Last/First name : \_\_\_\_\_ Link : \_\_\_\_\_  
 Phone number : \_\_\_\_\_

I accept the use of these products on my child (the parent must provide them), if yes check

Solar cream  Diaper rash ointment  Saline nasal drops  Calamine lotion  Oral hydration solution

I agree that my child may be the subject of observation by the childhood coordinator, where necessary and in order to facilitate its integration into daycare  Oui  Non

Parent's signature : \_\_\_\_\_ Date : \_\_\_\_\_

I, hereby (name in capital letters) : \_\_\_\_\_ authorize the MFRC to use, reproduce, publish, transmit, distribute and display photos and videos taken during my child's participation to MFRC's activities. The MFRC may, at any time, use the photos and videos in its internal and external information documents, including Website contents, multimedia presentations, displays, advertisements or other promotional media. The photo(s) and video(s) may be used for any length of time for any of the means mentioned above. The MFRC agrees to use these photos and videos only for information purposes or to promote its activities.

Parent's signature : \_\_\_\_\_ Date : \_\_\_\_\_  
 Name in capital letters : \_\_\_\_\_

## Authorization form for the administration of acetaminophen



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Refusal of authorisation :  Parent's initial : \_\_\_\_\_ Date : \_\_\_\_\_

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, acetaminophen will not be administered to the child unless the parent and a member of the *Collège des médecins du Québec* gives written authorization. A parent may limit the period of validity of the authorization by indicating the duration of the authorization in the space provided.

I hereby authorize **The Military Families Ressources Center Montreal Region** to administer to my child, in accordance with this Protocol FO-647, acetaminophen sold under the following brand: Tempra or other (product provided by the parent only)

Last/First name of child : \_\_\_\_\_

Duration of the authorization :  Until my child is 6 years or for the duration of use of the services of the MFRC.

Parent's signature : \_\_\_\_\_ Date : \_\_\_\_\_

**This protocol, originally proposed by the Ministry of Family, was revised by the Department of Health and Human Services in 2010 and then in 2013 and approved by the Quebec Association of Pediatricians in 2013. The information that it contains reflects the state of knowledge on the subject in 2013.**

## Authorization form for the application of insect repellent

Refusal of authorisation :  Parent's initial : \_\_\_\_\_ Date : \_\_\_\_\_

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, insect repellent may not be administered to the child unless the parent and a member of the *Collège des médecins du Québec* give written authorization. A parent may limit the period of validity of the authorization by indicating the duration of the authorization in the space provided.

I hereby authorize **The Military Families Ressources Center Montréal Region** to administer to my child, in accordance with this Protocol FO-646, insect repellent sold under the following brand: *Off* or other (product provided by the parent only).

Last/First name of child : \_\_\_\_\_

Duration of the authorization :  Until my child is 6 years or for the duration of use of the services of the MFRC

Parent's signature : \_\_\_\_\_ Date : \_\_\_\_\_

## Authorization form for technical observation in specialized education

Refusal of authorisation :  Parent's initial : \_\_\_\_\_ Date : \_\_\_\_\_

The parent is not required to consent to the application of the protocol. The Military Family Resource Center has a special education technician on its team. During some situation or activity, she could come and observe the facilities of the day-care center in order to equip, support and facilitate the work of the educators. During her observations, she could observe certain situations that would then automatically be reported to the parents. By authorizing, you will help the educators, but also offer your child the opportunity to access a harmonious development and adapted to his needs.

Last/First name child : \_\_\_\_\_

Duration of the authorization :  Until my child is 6 years or for the duration of use of the services of the MFRC

Parent's signature : \_\_\_\_\_ Date : \_\_\_\_\_

Childhood Coordinator Saint-Jean : 450-358-7099, extension 7012 Saint-Hubert : 450-462-8777, extension 6830

## SPECIFIC INFORMATION ABOUT YOUR CHILD



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The first days of daycare can be difficult for both parent and child! Keep in mind that at any time, you can call the drop-in daycare to see how your little one is doing; we will be happy to let you know. When you registered your child in the drop-in daycare, you received a card with all of our contact numbers. If you did not receive a card, ask our receptionist for one.

Please describe your child's habits below so that we can learn about them and accommodate them.

Child's name	:	_____	Age :	_____
Language(s) spoken at home	:	_____		
Brothers, sisters, other people who live with the child	:	_____		
Noteworthy experience (absence of a military parent, etc.)	:	_____		
Drinks and eats by him/herself	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Favorite food	:	_____		
Food that he/she doesn't like	:	_____		
Food allergies	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which ones?	:	_____		
Usual mealtimes	:	_____		
Comfort item	:	_____		
Naps <input type="checkbox"/> Yes <input type="checkbox"/> No	:	Length AM: _____	Length PM: _____	
Usual naptimes	:	AM : _____	PM : _____	
Movement (crawls, crawls on all fours, sits up on his/her own, etc.)	:	_____		
Language skills (words, short sentences, full sentences, speaks well or with difficulty, etc.)	:	_____		
Toilet training (washable/disposable diapers, in training, goes on the potty, goes in the toilet, etc.)	:	_____ _____ _____		
Fears	:	_____		
Ways of overcoming these fears	:	_____ _____		
Favourite activities	:	_____ _____		
Additional information you would like to add	:	_____ _____ _____ _____		