

TIMISKAMING ONTARIO EARLY YEARS CENTRE REGISTRATION FORM

Please print clearly

Parent/Caregiver's Last Name Preferred First Name Date of birth

Spouse/Partner's Last Name Spouse/Partner's Preferred First Name Date of birth

Street Number Street Apt.# City/Town Postal Code

P.O Box # Telephone (home) (Other)

Child's first and last name	Date of birth (mm-dd-yyyy)	Gender	Your relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergy and special needs information (please indicate child's name)

This is a Peanut Free Building

Please help us serve you and your children better by answering the following questions. Non-identifying (aggregate) answers may be used to enhance programs and services, for statistical reporting requirements and research purposes.

Please indicate all languages spoken in your home (check all that apply)

English French Aboriginal Language (please specify) _____

Other (please specify) _____

Are you or your children of Aboriginal descent?

You Yes (please answer question below) No

Your Spouse Yes (please answer question below) No

Your children Yes (please answer question below) No

If you/your child(ren) are of Aboriginal descent do you self-identify as

You First Nations Métis Inuit Other _____

Your Spouse First Nations Métis Inuit Other _____

Your child(ren) First Nations Métis Inuit Other _____

How did you hear about us? (check all that apply)

Family Physician/Paediatrician/Medical professional Newspaper Television/radio

Community agency (e.g.: Best Start, Centre de santé) School/daycare Internet

Family/Friend Other _____



If you are a parent or guardian to at least one child registered on the previous page, please answer the questions below. By answering the question below, we can enhance the programs and services offered at our Early Years Centres. All information requested on this form will be kept strictly confidential.

For the following questions, which of the following best describes your current situation:

Employment Status

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Working full-time | <input type="checkbox"/> Working part-time | <input type="checkbox"/> P/Maternity leave | <input type="checkbox"/> At-home parent |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unemployed – unable to work (disability/illness) |

Educational Status

- | | |
|--|---|
| <input type="checkbox"/> No Certificate, Diploma or Degree | <input type="checkbox"/> High School Certificate or equivalent |
| <input type="checkbox"/> College, CEGEP or other certificate diploma | <input type="checkbox"/> Apprenticeship, Trade Certificate or diploma |
| <input type="checkbox"/> University certificate, Diploma or Degree | |

Marital Status

- | | | |
|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Common Law | <input type="checkbox"/> Lone Parent |
|----------------------------------|-------------------------------------|--------------------------------------|

Total yearly household income before taxes:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Less than \$19,999 | <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$40,000-\$49,999 |
| <input type="checkbox"/> \$50,000-\$59,999 | <input type="checkbox"/> \$60,000-\$69,999 | <input type="checkbox"/> Greater than \$70,000 | <input type="checkbox"/> Not Sure <input type="checkbox"/> No Answer |

Please read the following statements:

1. **Information given will be stored in a secure web based information system (Client Information Management System – CIMS). CIMS links together all Ontario Early Years Programs in the District of Timiskaming, to assist in administering programs and services. Your information can only be accessed by authorized individuals including authorized individuals at the Ontario Early Years Centre(s) you choose to attend.**

2. I hereby give authorization to photograph/video for the purpose of:

- | | |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Videos |
|--------------------------------------|---------------------------------|

3. Contact person and phone number of an adult in case of an emergency:

4. I would like to receive information, including the monthly calendar, by email

Email address: _____

5. I understand that in borrowing books or resources, I agree to pay for the repair or replacement of lost or damaged materials. I also acknowledge that I am responsible for cleaning the toys/resources that I borrow before returning them. The toy library reserves the right to refuse lending services in the case of non-compliance to these regulations.

6. Are you new to the district of Timiskaming? Yes No

Signature _____

Staff Signature _____

Date _____

