



REGISTRATION FORM

To register, please complete this form. Download and save to your computer to fill out online or print to fill out by hand. Email completed form to childcare@familyspace.ca or drop off in person to 100 Station St. Belleville.

APPLICANT INFORMATION

Parent 1:	Parent 2:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Phone:	Phone:
Employer/School:	Employer/School:
Employer/School Address:	Employer/School Address:
Employer/School Phone:	Employer/School Phone:

YES! Email me the Family Space monthly newsletter which contains all upcoming events & information on our Licensed Home Child Care.

Email: _____

CHILD/REN INFORMATION

Name: (First & Last)	
Date of Birth:	M [] F []
Name: (First & Last)	
Date of Birth:	M [] F []
Name: (First & Last)	
Date of Birth:	M [] F []

EMERGENCY CONSENT

I authorize the caregiver to seek emergency medical attention, and treatment for the child/ren named in this agreement in the event that I am unable to be contacted immediately.

Family Doctor:	Phone:
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Doctor address: _____

Is child regularly on medication? Yes No	Any Allergies? Yes No
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Has child had any communicable diseases? _____

Does your child have any medical conditions? _____

Person to contact in an emergency if parents cannot be reached, and to whom child may be released.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:



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PARENT- AGENCY CONTRACT

I have read the PARENT HANDBOOK of Family Space Quinte Inc. and I agree to abide by the agency's policies and procedures.

I understand that the caregivers registered with Family Space Licensed Home Child Care Program are self-employed independent contractors.

I understand that although the agency conducts regular home visits and offers child care workshops to caregivers, it is impossible for the Home Visitor to know the situation of all homes at all times. As a parent I will be aware of my child/ren's environment and discuss issues with the caregiver.

Also, I understand that an alternate caregiver selected by my caregiver in the case of an emergency or other special circumstance may not necessarily be a caregiver registered with the Family Space Licensed Home Child Care Program.

I understand that if my child is experiencing difficulty with the program I will be notified by the caregiver registered with Family Space Licensed Home Child Care. I also understand that discharge of a child from Family Space could result if any of the following conditions exist:

*Parent voluntarily withdraws child from Licensed Home Child Care

*Non-payment of fees.

Parent Signature: _____ Home Visitor Signature: _____

DIRECT PAYMENT SERVICE ENROLLMENT AUTHORIZATION

If you are a fee payer please submit a void cheque or bank form and complete this authorization.

Full Fee Parents:

Child care used from the 1st to 15th of the month will be debited on the 28th of the same month. Child care used from the 16th to end of the month will be debited on the 14th of the following month.

Subsidy Parents with a required monthly contribution:

I would like my monthly contribution debited:

Once per month on the 28th of the month

Split between two payments on the 28th of the month and the 14th of the following month.

An invoice will be emailed to parents prior to the debit date.

Email invoice to: _____

I have read and understood the terms of this authorization.

Signature:

Date: