



Mennonite Brethren Children's Centre (MBCC) is a Nursery School program within the NKMB facility. From September until May, children ages three through five gather to play, hear Bible stories, get an introduction to the german language, and help prepare for Kindergarten. MBCC offers a two or three day program from 9:15-11:15 (with the possibility of a Tuesday/Thursday afternoon class as well). It is run by two experienced teachers.

Registration for the 2012-13 year is scheduled for Wednesday, February 29th, 7 pm at the NKMB Church, 1315 Gateway Road.

Registration forms are attached to this package, or you may contact the Director of MBCC:

Nanette Schmidt

338-8704

enemyschmidt@mts.net

(note: a non-refundable fee of \$25 must accompany your registration form to hold your spot or place on the waiting list)

CHILD INFORMATION RECORD FORM

Child's legal name: _____
Name commonly known as: _____
 Male Female Date of birth: _____
Languages known/spoken: _____
How important is the German Language to you? _____

Family health number: _____
Personal health number: _____
Doctor's name: _____
Doctor's phone number: _____

Mother/Guardian

Name: _____
Home address: _____
Home phone: _____ Cell: _____
Home e-mail: _____
Work/school name: _____
Work/school address: _____
Work/school phone: _____
Job Title: _____

Father/Guardian

Name: _____
Home address: _____
Home phone: _____ Cell: _____
Home e-mail: _____
Work/ school name: _____
Work/school address: _____
Work/school phone: _____
Job Title: _____

Designated Emergency Contacts

Designate 2 people we can contact and release your child to in case of illness or an emergency if you are not available

Name: _____
Home address: _____
Home phone: _____ Cell: _____
Home e-mail: _____
Relationship to child: _____
Work/school name: _____
Work/school address: _____
Work/school phone number: _____

Name: _____
Home address: _____
Home phone: _____ Cell: _____
Home e-mail: _____
Relationship to child: _____
Work/school name: _____
Work/school address: _____
Work/school phone number: _____

List other people who have permission to pick up your child from the child care facility (name, phone and relationship)

LIVING AND CUSTODY ARRANGEMENTS

Child lives with: Mother Father Both Other (describe: _____)

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Have copies been provided to the child care facility? Yes No Will be provided Will not be provided

Are you aware that the child care facility cannot ask the police to enforce custody arrangements if documents are not provided? Yes No

If applicable, are there any informal custody arrangements? Please describe: _____

Additional Information

Church you attend: _____ Regularly _____ Sometimes _____

May we include your name, address, phone number and child's name in a class list to be given to all parents? Yes _____ No _____

**Describe any physical, developmental, emotional or medical conditions relevant to the care of your child.
Please be specific and give suggestions about how we can best accommodate these needs.**

Does your child have allergies to food, animals, medication, etc.? Yes No Describe: _____

If so, are the allergies life-threatening (anaphylaxis)? Yes No Describe: _____

Immunizations up to date?

Class Options (please number from 1st choice to 3rd) Mon/Wed/Fri a.m. _____ Tue/Thur a.m. _____ Tue/Thur p.m. _____ (*note: this class not confirmed)

Names of siblings who have attended this Nursery School in the past: _____

How did you hear about MBBC? Why have you chosen MBBC? _____

Is there any other information that may help us facilitate your child's transition into the child care facility? (Special interests, specific likes/dislikes, major changes with in family, etc.) _____

WRITTEN PERMISSION

I have read the parent policy manual. I understand and agree to abide by these policies. Yes No

I will notify the facility immediately of any changes to the information provided on this form. Yes No

I give permission for photographing and videotaping by another parent for the purpose of family use, and as stated in the Parent Hand Book. Yes No

Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the child care facility to take whatever emergency measures deemed necessary for the protection of my child while in the care of the child care facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Signature _____

Date: _____

OFFICE USE ONLY

Registration Fee Payment:
Cash _____ Cheque _____

Placement: _____

Waitlist: _____