



Registration Form

EarlyON Child and Family Centres



Adult Information			
First name:		Last name:	
Date of birth (mm/dd/yyyy):		Relationship to child: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Caregiver	Photo Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Information			
Address		City	Province
			Postal Code
Telephone number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Email address:	
Child Information			
Please Note: Child Information must be completed by the Parent/Guardian			Photo Consent
1	First name:	Last name:	Date of birth: (mm/dd/yyyy)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
2	First name:	Last name:	Date of birth: (mm/dd/yyyy)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
3	First name:	Last name:	Date of birth: (mm/dd/yyyy)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Note: Photos may be taken during our programs. These photos may be used for documentation purposes or to promote our programs in print and/or online if consent is given.			
Emergency Contact			
First name:		Last name:	Relationship to child:
			Telephone number:
Confirmation of Consent			
<p>I understand that my personal information is being collected under the legal authority of the Municipal Act, 2001 and the Child Care and Early Years Act, 2014. I acknowledge that in attending EarlyON programs and services, my information and that of my children listed above will be collected and stored within the Event Registration Attendance Management Module (ERAM), provided by One Human Services Network (OneHSN) Childcare Connect. I understand that EarlyON agencies are required to adhere to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). I understand that my personal information related to the usage of EarlyON Child and Family Centres will be used for the purposes: a) my registration; b) providing customer support services; c) reporting to funders, planning, research, evaluation and accountability. I agree to receive emails from EarlyON agencies or the City of Stratford. I understand that I may withdraw my consent at any time. I declare that I have read and understand all terms and conditions as stated above. Questions regarding the collection of this information may be directed to the City Clerk at P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 235 during business hours.</p>			
For the addition of a spouse/partner or additional children, please attach a separate registration form			
_____		_____	
Parent/Caregiver signature		Date	