



PERSONAL INFORMATION

Office Use Only
Date & Time Rec'd

Spring 2012

This Personal Information Form **MUST** be submitted along with your registration forms.

Parent's Name: (first name)		(last name)	
Address:			Town:
Postal Code:	Telephone #:	Cell Phone #:	
Can we contact you by e-mail?	e-mail address (PLEASE PRINT):		
Have you registered in programs with us before?	How did you hear about the Centre?		

Section 1		To be filled out for ALL programs:			Medical Information		Check <input checked="" type="checkbox"/>	
CHILD'S NAME		DATE OF BIRTH			IMMUNIZED Yes or No	KNOWN ALLERGIES Please List	EPI-PEN	PUFFER
First	Last	Month	Day	Year				

Medical Information Details	
Child's Name:	Special medical condition or additional information:
My child is involved with or on the waiting list for:	Speech Services _____ Integration Services _____
Other: (please provide detail)	_____
Family Doctor:	Telephone #:

Section 2 Fill out Section 2 ONLY if you are registering for JUST FOR KIDS programs

Emergency Contact Information		
Name of person to be notified if <u>you</u> are unavailable:	Relationship to Child	Daytime Phone#:
In the case of an emergency, I give permission to the staff of the Oakville Parent-Child Centre to authorize necessary medical treatment for my child(ren).		
Signature:	Date:	
<i>Are both parents authorized to pick up the child(ren)?</i>		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Names of other individuals authorized for pick up:	Relationship to Child	Daytime Phone #

It is our policy that no family be denied participation because of financial hardship. Please indicate if you wish to receive additional information regarding fee subsidies Yes



Ways YOU Can Help

This is **YOUR** Centre and we need your skills, creativity, inspiration, time and energy! Please share your hidden talents! Assistance is needed in the following areas:

On site volunteering *(childcare may be available)*

- Office work** *assist with photocopying, toy library, filing*
- Daisy's Duds** *assist with sorting/pricing of toys/clothes donated for our store*
- Teacher's Helper** *assist staff in a "Parent & Tot" or drop-in program*

I will require childcare Yes No

Special Events Volunteering

- Ticket Sales**
- Donate** *auction item or door prize*
- Assistance** *with OPCC and community events*
- Secure auction items, door prizes, etc.**
- Generating Sponsor Support** *use your sales, marketing and negotiation skills to get sponsorships, support & alliances*

Other Talents & Skills

please share with us →

*If you have offered to volunteer for the Centre and we have not telephoned you, please do not think you have been forgotten. Sometimes when we recruit for a specific job, we are able to fill our quota quickly and do not use everyone who has offered their services. We appreciate your commitment to the Centre and look forward to working with you over the year. **For additional information on our volunteer program, please contact the office at North Service Road – Main (905) 849-6366.***

We collect and use personal information in order to communicate with you. This information is for the sole use of the OPCC staff. However, we are required by the Public Health Department to report any suspected communicable diseases as per The Health Protection and Promotion Act (1983).

OFFICE USE ONLY

PLAYTIME DUE: _____

PAID PROGRAMS: _____

Parent & Tot Nursery Fee: _____ **Credit Card/Debit Fee:** _____

PDCS: _____

No Child Care () Program Fee: Full () FA () S ()

Total Amount Due:

\$ _____

AMOUNT PD	METHOD OF PAYMENT	DATE PAID	AMOUNT PD	METHOD OF PAYMENT	DATE PAID	AMOUNT PD	METHOD OF PAYMENT	DATE PAID
\$			\$			\$		
\$			\$			\$		
CHEQUE REQ.	PINK FORM SENT	DATE PINK FORM RET'D	DATE/TIME OF DATA ENTRY/INITIAL			DATE LETTER MAILED		