



Early Years and Child Care Division
 Social Services Department
 82 Erie Street, Stratford, Ontario N5A 2M4
 Phone: 519-271-3773 Toll Free: 1-800-669-2948

EarlyON Child and Family Centres – Registration and Consent Form

Adult Information

First Name	
Last Name	
Date of Birth (mm/dd/yyyy)	
Relationship to child	
Address	
City	
Province	
Postal Code	
Telephone Number	
Email	

Child Information

Information	Child One	Child Two	Child Three
First Name			
Last Name			
Date of Birth (mm/dd/yyyy)			

! 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.

I, _____ give permission to the City of Stratford, Early Years and Child Care Division, to collect and maintain the following information on my child/children. I am providing my consent to the child/children listed above who I am the parent or legal guardian.

Do you give photo consent for the individuals listed above? Yes No

Do you give data consent for the individuals listed above? Yes No

Emergency Contact

First Name	
Last Name	
Relationship to child(ren)	
Phone Number	

Confirmation of Consent

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. 329 during business hours.

! For the addition of a spouse or partner or additional children, please attach a separate registration form

Parent/Caregiver Signature:

Date:

Barcode # _____