



GOVERNMENT OF BERMUDA

Department of Health

Return to the Child Care Regulation Programme by email [childcare@gov.bm](mailto:childcare@gov.bm) or to the address below.

DAY CARE PROVIDER EMERGENCY/RELIEF PERSON REGISTRATION FORM

<i>Personal Information:</i>		
Day Care Provider Name:		
Emergency/Relief Name:		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Physical Address:		
<i>House No.</i>	<i>Street Address</i>	<i>Parish and Postal Code</i>
Home Phone:	Cellular:	
E-mail Address:		
CPR Certification & First Aid Certification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DCFS Child Abuse Clearance Form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Valid Photo I.D:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SCARS Certification:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Magistrates Court Criminal Background Check:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Government Medical Clearance Form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\_\_\_\_\_  
Signature of Emergency/Relief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Day Care Provider

\_\_\_\_\_  
Date

**PATI disclaimer:** This correspondence and any response thereof is subject to public disclosure under the Public Access to Information Act 2010. Most exempt records may be disclosed if it is in the public interest (s.21). Personal information, such as names and personal details of service users, patients, complaints, children and vulnerable adults, is exempt from disclosure (s.23). Information of people receiving discretionary benefit such as a licence is not personal information and can be disclosed (s.24 (1)). Commercial information and information received in confidence may be disclosed if it is in the public interest (s.25&s. 26)