Child Day Care Program
Registration Process for Online ID and Password

1. Complete the attached Registration Process for Online ID and Password form **except** for the section: "For Child Day Care Program Office Use Only."

2. The "Challenge Question" is required so that the Child Day Care Program office is able to identify individual(s) with authorized access to the User ID and Password.

3. Send the completed, signed **original** form to:

   > Registration Process for Online ID and Password
   > Child Day Care Program
   > 219 – 114 Garry Street
   > Winnipeg MB R3C 4V6

4. Child Day Care will confirm that your facility is currently licensed.

5. A unique User Identification and Password will be forwarded to your facility.

6. Should the information on the Registration Process for Online ID and Password form change (e.g. change of director/provider or facility name on the Facility Report form) an amendment **must** be sent to the Child Day Care Program office.

Items to Consider:

1. The Challenge Question: All persons authorized by your facility to complete online functions must know the User ID and Password.

2. Who, and how many of your staff, will have access to your unique facility User ID and Password? Remember to consider sick days and holidays.

Province of Manitoba
Child Day Care Program
Registration Process for Online ID and Password

Please Print

Child Care Facility Name

Facility Number

(please check box)

| New Form ☐ | Amendment to Director/Provider ☐ | Amendment to Facility Name ☐ | Delete ☐ |

Director/Provider

Last Name

First Name

Facility Address

Apt./Box/Suite #

City

Province

Postal Code

Telephone ( )

E-mail Address

Please specify a question to which only you, or staff authorized by you, will know the answer:

Example:

Question: What is your cat's name?   Response: Fred

This information will be used to validate your identity when assigning a password or making changes to your details.

Challenge Question

Challenge Response

I certify that the information I have provided is true and correct.

_____   _____
Signature of Director/Provider   Date

Mail to: Registration Process for Online ID and Password – Child Day Care Program, 219 – 114 Garry Street, Winnipeg MB R3C 4V6

| **Child Day Care Program – For Office Use Only** |

| Date: | Child Day Care Program |

User Identification: _____

Password: _____

| Processed by: | Date: |