## 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.

Please Print   Child Care Facility Name   Facility Number     Control of the second of the secon	Child Care Facility Name         Facility Number         (please check box)         New Form       Amend         Director/Provider       Amend         Last Name
Facility Number     (please check box)     New Form     Amendment to Director/Provider     Amendment to Facility Name        Director/Provider     Last Name     Facility Address        Facility Address        Facility Address           Facility Address        Facility Address           Facility Address              Facility Address <td>Facility Number         (please check box)         New Form       Amend         Director/Provider       Amend         Last Name      </td>	Facility Number         (please check box)         New Form       Amend         Director/Provider       Amend         Last Name
(please check box)         New Form       Amendment to Director/Provider         Director/Provider         Last Name       First Name         Facility Address       Apt/Box/Suite #         City       Province         Postal Code       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.	(please check box)       New Form     Amend       Director/Provider       Last Name       Facility Address
New Form       Amendment to Director/Provider       Amendment to Facility Name       Delete         Director/Provider            Last Name       First Name           Facility Address       Apt/Box/Suite #           Facility Address       Province           Oity       Province            Postal Code       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.	New Form     Amend       Director/Provider       Last Name       Facility Address
Director/Provider         Last Name       First Name         Facility Address       Apt./Box/Suite #         Facility Address       Apt./Box/Suite #         City       Province         Postal Code       E-mail Address         Telephone       ( )         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.	Director/Provider         Last Name         Facility Address
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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.	City
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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.	Telephone ( )
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This information will be used to validate your identity when assigning a password or making changes to your details.	Example:
	Question: What is your cat's name?
Challenge Question	This information will be used to valid
	Challenge Question
Challenge Response	Challenge Response
I certify that the information I have provided is true and correct.	I certify that the information I hav
Signature of Director/Provider     Date	Signature of Director/Provider
Mail to: Registration Process for Online ID and Password – Child Day Care Program, 219 – 114 Garry Street, Winnipeg MB R3C 4V6	Mail to: Registration Process for (
Child Day Care Program – For Office Use Only	
Date: Child Day Care Program	Date:
User Identification:	
Password:	
Processed by: Date:	