

Registration Form

Start Date _____ **Child's Birth Date** _____

Child's Full Name _____ (Male/Female)

Child's Address _____ Postal Code _____

Child's Home Phone _____

Program

- Infant/Toddler Full Day Program 3 - 5 yr old Full Time Program
- Preschool AM (2.5 yrs - 5 yrs) Summer Program (Grade K - 5)
- Preschool PM (2.5 yrs - 5 yrs)

Frequency:

- Full-time Part-time

If part-time, circle days

Monday Tuesday Wednesday Thursday Friday

Designated Family email address _____

Mom's Name _____

Mom's Home Address _____ Postal Code _____

(if different from child's)

Mom's Phone Number: Home _____ Work _____ Cell _____

Mom's Email _____

Dad's Name _____

Dad's Home Address _____ Postal Code _____

(If different from child's or mom's)

Dad's Phone Number: Home _____ Work _____ Cell _____

Family Dr. Name _____ Dr's Phone _____

Care Card Number _____

Consent for Emergency Care

I authorize the staff at the child care centre to call a medical practitioner or an ambulance / transport Your child to emergency medical care, in the case of accident or illness of my children, if the parent can not immediately be reached. YES NO

Alternate Persons Authorized to Pick Up Child

(Adults, other than parents, authorized to pick up or call for emergency purposes)

Name	Relationship	Telephone	Authorized to Pick Up	Authorized to Call
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Person who are NOT AUTHORIZED TO PICK UP OR ACCESS TO MY CHILD

Name	Relationship	Telephone

Child's Immunization Status

Is your child up to date on immunization? Yes No

If no, reason why:

Health Information

Regular Medication and Reasons For:

Allergies and Treatment of:

Any concerns/issues regarding your child's health (i.e. seizures, asthma, vision, hearing, etc).

Any concerns you may have regarding your child's development (i.e. behavior, speech, language, mobility etc.)

Favorite food _____ Least favorite food _____

Bed time _____ Wake up time _____ How long to settle? _____

Nap time _____ Wake up time _____ How long to settle? _____

Toilet trained? _____

Play Group Experience: Please list any daycare, preschool, or other group situation your child has attended.(Name of program, Date attended, Reason for leaving)

1 _____

2 _____

Signature of Parents _____

Date _____