

Registration Form

Child Information:

Start Date: _____

Full Name: _____ Nick Name: _____

M/F _____ Birth Date: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Parent/Guardian

Parent/Guardian

Full Name _____

Address _____

Home Phone _____

Cell Phone _____

email _____

facebook _____

Work Place _____

Work Address _____

Work Phone _____

Siblings/Ages: _____

Are there any foods you do not want your child to eat

Allergies _____

Does your child have any special needs or behaviours I need to be aware of? _____

Care Card Number _____

Family Dr. _____ Phone: _____

Alternate Persons Authorized To Pick Up Child

Name	Relationship	Phone
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1 _____		
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2 _____		
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Persons Who Are Not Permitted Access To My Child

Name	Relationship
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1 _____	
---------	--

2 _____	
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Custody or other Legal Orders

No ___ Yes ___ Supply copy of order

Regular Medications and reasons for it (please list)

Please indicate the status of immunizations:

Fully up to date: _____ Partially Immunized: _____ None: _____

Please describe any concerns/issues you may have regarding your child's health?

Please describe any concerns you have regarding your child's development?

Describe any specific care instruction

Please Initial the following:

I authorize staff to take photos of my child. Yes _____ No _____

I authorize staff to post photos of my child on the centre's facebook page.

Yes _____ No _____

I authorize staff to post photos of my child on the centre's Website.

Yes _____ No _____

I authorize the staff to call a medical practitioner or ambulance/transport child to emergency medical care, in case of accident or illness of my child if the parent cannot immediately be reached.

Signature of parent or guardian

Print Name

Date _____