

REGISTRATION FORM

Child's Name: _____ Date of Birth: _____
Surname Given Name MM/DD/Year

Address: _____

Postal Code: _____ Home Phone: _____ A.H.C Number: _____

Please list any allergies, medical or emotional problems, if any:

Is your child on any regular medication? Please provide details:

Is your child's immunization up to date? _____

Mother/Guardian Name Home Phone Number Cell Phone Number

Home Address (If different from above)

Email Address YES NO
Do you consent for this email address to be added to our email distribution list?

Father/Guardian Name Home Phone Number Cell Phone Number

Home Address (If different from above)

Email Address YES NO
Do you consent for this email address to be added to our email distribution list?

Person to contact in case of Emergency other than parents:

Name Phone Number

Address (Must be a local address)

Persons authorized to pick up your child:

Under no circumstances will your child be released to anyone without written permission

What expectations do you have for a childcare program?

What activities is your child interested in?

How did you become aware of our program?

- I hereby grant permission for my child to use all the play equipment and participate fully in all of the activities of the daycare.
- I hereby grant my permission for my child to leave the program premises under the supervision of a staff member for neighborhood walks/fieldtrips in an authorized vehicle.
- I hereby grant my permission for my child to be included in evaluations connected with the program.
- I hereby grant my permission for the Director or Acting Director to take whatever steps are necessary to obtain emergency medical care if warranted. These steps may include, but are limited to the following:
 1. Attempt to contact a parent or guardian.
 2. Attempt to contact the child’s physician.
 3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
 4. If we cannot contact you or your child’s physician, we will do any or all of the following:
 - call another physician
 - call an ambulance
 - have the child taken to an emergency hospital or clinic in the company of a staff member
 5. Any expense incurred under Section 4, will be borne by the child’s family.
- The Program will not be responsible for anything that may happen as a result of false information given at the time of registration.
- Please send in any changes to the office as soon as possible
- I acknowledge that I received and read the Parent Handbook/Discipline Policy.
- I agree to give one month’s written notice before withdrawing my child from the childcare program.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

		Office Use Only			
		Admission <input type="checkbox"/>			Termination <input type="checkbox"/>
		Deposit	Amount	Cheque	Cash
Monthly Fees at time of Admission			Post Dated Cheques	E-Transfer	
Daycare Mon Tues Wed Thurs Fri	Kindergarten Mon Tues Wed Thurs Fri Full Time/ Part Time	BAS		Other:	