

Stardom Childcare Registration Form
Daycare & Preschool

Personal Information

Name of Child: _____
(Surname) (Given) (Middle)

Name Child Responses: _____

Child's Date of Birth: _____ Gender F or M (circle)

Starting Date of Child _____ Withdrawal Date: _____ (*office to fill out*)

Address: _____
(City, Province) (Postal Code)

Phone Number: _____

Email Address: _____

Days of the week required: (Circle)

Monday Tuesday Wednesday Thursday Friday

Hours of Child Care required: (Open at 6am & Closed at 6pm.)

**Please fill out the next boxed section if your child is attending
Preschool as well as Daycare:**

Will child also be attending Preschool (additional charge)? Yes / No

If yes, which program?

3 year-old classes: Tuesday and Thursday \$135.00/Month: _____

Toilet Trained: Yes _____ No _____

4 year-old classes: Monday, Wednesday, and Friday \$145.00/Month: _____

Parent/Guardian: _____ Occupation: _____

Place of Work: _____ Phone: _____ Hours: _____

Parent/Guardian: _____ Occupation: _____

Place of Work: _____ Phone: _____ Hours: _____

Emergency Health Information

Care Card Number: _____
Family Doctor: _____ Address: _____
Phone: _____
Family Dentist: _____ Address: _____
Phone: _____

Consent for Emergency Care

I authorize the staff at Stardom Childcare to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.

Signature of Parent/Guardian: _____ **Date:** _____

Manager of Facility: _____

Person (s) Authorized to Pick Up Child

(Other than parent/guardian listed above)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Secret Password: _____

(In case of emergency and someone other than above picks up)

Persons (s) not Authorized to Pick Up Your Child

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Custody Agreement

Yes _____

No _____

If Yes, Supply a copy of the custody order to the facility manager/licensee

Child's Immunization Status

Is your child up to date on immunizations? Yes_____ No_____ Not Immunized_____

DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MMR (Measles/Mumps/Rubella)	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.

Comments:

Health Information

Stardom Childcare is a Peanut Free Zone.

Toilet Trained? _____

Regular Medication(s) and reasons for:

Injury(s), Illness (es) or Operations your child has had and includes date(s)_____

Please describe any concerns you may have regarding your child's development (behavior, vision, hearing, speech, language, mobility, etc.)

Describe any specific care instructions

Family and General Household Information

Please list the names of the significant people in your child's life (siblings, grandparents, etc)

Primary Language spoken at home: _____
Other Language spoken: _____

Photograph Consent

Please indicate if you are willing to allow the facility to take photographs for the facility use only. We are making a scrapbook and we will have a photo wall.

Yes, I am willing the facility to take photos of my child _____

No, I am not willing to allow the facility to take photos of my child _____

By signing this Registration Form, I confirm that I have and read understood the Policies for Stardom Childcare.

Parent/Guardian Signature:

Date: _____