Child Care Registration Form

The following information MUST be obtained BEFORE a child receives care

(each child should have separate form)

Child Information

Last Name _____ First Name _____

Preferred Name _____

Date of Birth (Month/DD/YY) ___/ /___ Sex ☐ Male ☐ Female

Language(s) _____

Home Address _____

Care Card Number _____ Family Doctor _____

Phone Number _____

Family Information

Parent/Guardian

☐ Mrs. ☐ Miss ☐ Ms. ☐ Mr. ☐ Dr.

Last Name _____ First Name _____

Relationship to Child _____

Birth Date _____

Home Address _____

City _____ Province _____ Postal Code _____

Occupation/Position _____

Company Name _____

Business Address _____

Telephone (Home) _____ Telephone (Work) _____

Cellular _____ Fax _____

Email Address _____

Second Parent/Guardian

☐ Mrs. ☐ Miss ☐ Ms. ☐ Mr. ☐ Dr.

Last Name _____ First Name _____

Relationship to Child _____

Birth Date _____

Home Address _____

City _____ Province _____ Postal Code _____

Occupation/Position _____

Company Name _____

Business Address _____

Telephone (Home) _____ Telephone (Work) _____

Cellular _____ Fax _____

Email Address _____

Person(s) to Call for the Child or Contact in an Emergency

	Name	Relationship	Phone
1.			
2.			
3.			
4.			

Check All that Apply

☐ Living with Both Parents ☐ Parent Deceased ☐ Other (Please Explain)

☐ Living with One Parent ☐ Parents Divorced _____

Siblings

	Name	Date of Birth	School (if applicable)
1.			
2.			
3.			
4.			

Child's Additional Information

Has child had previous experience away from home? ☐ Yes ☐ No Please Explain

_____

_____

Sleep Habits of Child: _____

_____

Bedtime Routine: _____

_____

Describe child's toileting routine, words used, assistance required:

_____

_____

Has your child had any developmental concerns (e.g. Vision, hearing, speech)? ☐ Yes ☐ No

If Yes, Please Describe: _____

_____

_____

Have you noticed in your child any behaviour(s) that may be of concern in a classroom setting (e.g. Aggression)? ☐ Yes ☐ No If Yes, Please explain below

_____

_____

_____

List of communicable diseases child has had: _____

Does child have any allergies? ☐ Yes ☐ No If Yes, list food(s), medication(s), or other

_____

Attach any special instructions and procedures to follow in the event of an allergic attack

Child's Eating Habbits: Favourite Food(s): _____

Strong Dislikes: _____

Religious or Ethnic Observances: _____

Authorized Pick-ups

I hereby authorize the following people:

	Name	Relationship	Phone
1.			
2.			
3.			
4.			

To pick up my child at: _____

Signature of Parent/Guardian _____ Date: _____

Name (PLEASE PRINT) _____

Date of Interview: _____ Date of Enrollment: _____

Signature of Caregiver _____

Signature of Parent/Guardian _____

Basic Schedule and Record of Immunization as submitted by Parent or Guardian
(ATTACH IMMUNIZATION RECORD OR RECORD THE DATES)

1st visit – 2 months of age	Date	**4th visit - 12 months of age**	Date
☐ Diphtheria		☐ Measles	
☐ Pertussis		☐ Mumps	
☐ Tetanus		☐ Rubella	
☐ Polio		☐ Meningococcal	
☐ Haemophilus Influenzae Type b (Hib)			
☐ Hepatitis B			
☐ Pneumococcal			
2nd visit – 2 months after 1st visit		**5th visit - 12 months after 3rd visit**	
☐ Diphtheria		☐ Diphtheria	
☐ Pertussis		☐ Pertussis	
☐ Tetanus		☐ Tetanus	
☐ Polio		☐ Polio	
☐ Haemophilus Influenzae Type b (Hib)		☐ Haemophilus Influenzae Type b (Hib)	
☐ Hepatitis B		☐ Measles, Mumps, Rubella	
☐ Pneumococcal		☐ Pneumococcal	
3rd visit – 2 months after 2nd visit			
☐ Diphtheria		**4-6 years of age**	
☐ Pertussis		☐ Diphtheria	
☐ Tetanus		☐ Pertussis	
☐ Polio		☐ Tetanus	
☐ Haemophilus Influenzae Type b (Hib)		☐ Polio	
☐ Hepatitis B		Other Immunizations:	
☐ Pneumococcal			