



REGISTRATION AND HEALTH INFORMATION

FOR OFFICE USE ONLY:

Date of Admittance: _____

Date of Discharge: _____

Note: All fields are required

Child's Full Name: _____

Date of Birth: _____ **Gender:** _____ **Health Card #:** _____

Phone #: (_____) _____ **Email:** _____

Full Address: _____

Township: _____ County: _____

Family Doctor Name: _____ **Phone #:** (_____) _____

Full Address: _____

Mother's Name: _____ Mother living in home? _____

Mother's Full Address: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Place of Employment: _____ Work #: (_____) _____

Business Full Address: _____

Father's Name: _____ Father living in home? _____

Father's Full Address: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Place of Employment: _____ Work #: (_____) _____

Business Full Address: _____

Please list other household members:

Name	Age	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If parents are separated or divorced who has custody of this child? _____

With whom does the child live? _____ **Custody arrangements are:** _____



IN CASE OF EMERGENCY

Note: All fields are required

Childs Full Name: _____

Date of Birth: _____ Phone #: (____) _____

Full Address: _____

Does your child have any **Allergies** or **Medical Problems**? (food, medication, etc.): _____

Special instructions: _____

PARENT/GUARDIAN CONTACT:

Parent/Guardian name: _____ Relation: _____

Home Address: _____

Work Address: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

CONTACT 1:

Name: _____ Relation to child: _____

Daytime/Work Full Address: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

CONTACT 2:

Name: _____ Relation to child: _____

Daytime/Work Full Address: _____

Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____

My child can be released to: _____

NOT AUTHORIZED TO PICK UP _____

"No release" papers or custody order attached: Yes _____ No _____

PARENT SIGNATURE: _____ DATE: _____



Days of care requested: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Flexible _____ **Describe:** _____

Time of Arrival: _____ With whom: _____

Time of Departure: _____ With whom: _____

HEALTH

Please bring a photocopy of your child's immunization record with this package to the Daycare.

1. Does your child suffer from any allergies? (food, bees, medication, etc.): _____

2. Does your child have any medical problems? _____

3. Has your child had the chickenpox? _____ Date: _____

4. Please list any special needs of which the teacher should be aware (special equipment, etc.): _____

5. Has your child ever had any condition which might make for a classroom emergency, such as convulsions, epilepsy, fainting, diabetes, asthma etc.? _____

6. Does your child require prescription medication to be taken on a regular basis? _____

7. Would any of the above prevent your child from engaging in normal Daycare activities? _____

8. Do you have any concerns about your child's:

[] Hearing and/or vision _____

[] Speech and language development _____

[] Gross motor skills _____

[] Overall development _____

[] Is your child involved with other agencies (smallTalk, Thames Valley, etc.)? _____

SLEEPING

Does your child sleep with a special blanket/toy? _____

Please describe your child's usual naptime routine: _____

EATING

What are some of your child's favourite foods? _____

Do they have any strong likes/dislikes? _____

Does your child have a special diet? Food sensitivity? _____

Does your child use utensils to eat? _____

TOILETING

Is your child self-sufficient in using the toilet? _____

Does your child have daytime accidents? _____

Does your child wear a diaper/pull-up for naptime? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

How would you describe your child's personality characteristics (shy, outgoing, any fears, etc.)? _____

What are your child's favourite activities? _____

Is there anything you can tell us that would help us to know and understand your child better (adopted, recently moved, etc.)? _____

Parent or Guardian Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

CONSENTS

PERMISSION FOR TRIPS

As part of the regular daily program, the staff of Vanastra ECLC, occasionally takes the children for short walks to areas of interest within Vanastra. I hereby give permission for my child to participate in all of these trips, provided they are at all times under the supervision of the Vanastra ECLC staff.

Parent or Guardian Signature: _____

PERMISSION FOR USE OF PHOTOS

On occasion Vanastra ECLC will invite the local newspaper to take pictures of an event or special guest. Also the staff may use your child's photo for display purposes around the Childcare Centre, for representation on the Huron East website, the Vanastra Recreation Centre slide show in the lobby, displays, brochures, newsletters or presentations. Before any photos are put on our Daycare Facebook page, permission from the parent will be requested. The child/s family name will not be used.

_____ I give permission for newspaper photos to be taken

_____ I give permission for photos to be taken to use around the centre, etc. as stated above

Parent or Guardian Signature: _____

PERMISSION FOR USE OF SUNSCREEN

During the Summer months Vanastra ECLC provides sunscreen to be applied when appropriate, at a cost of \$2.00 per child.

_____ I give permission for the staff to apply sunscreen on my child

_____ I will provide my own sunscreen for my child (at no cost)

Parent or Guardian Signature: _____

REMINDER: A copy of your child's immunization record must be returned before your registration for Daycare can be processed.