



# 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:** \_\_\_\_\_



**VANASTRA**  
EARLY CHILDHOOD  
LEARNING CENTRE

**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.**



## Diaper Cream Permission Form

Child's Name: \_\_\_\_\_

Name of Diaper Cream: \_\_\_\_\_

Diaper Cream Direction:

- Administer every diaper change
- Administer only when red and irritated
- Other instructions: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_



Permission Form for Creation of  
Digital Student Portfolio with Storypark

Storypark allows parents to share in their child's educational journey by capturing learning as it happens and sharing these special moments through photos, videos, and stories in a digital portfolio. With a very simple registration process you will get notifications via email or an app on your smart phone about all the wonderings occurring in your child's learning environment. It is 100% confidential - meaning the portfolio is only viewed by you, your VECLC educators, and family members that you have invited to view your child's portfolio.

Once you are registered you will be able to send confidential emails to your child's teacher as well as receive important announcements and our monthly newsletter.

**Let's Get Started!**

In order for us to create your child's digital portfolio we need the following information.

**Permission for account to be created**

- YES! \_\_\_\_\_ has permission to have a digital portfolio created.
- NO! \_\_\_\_\_ does not have permission to have a digital portfolio created.

Email address \_\_\_\_\_

**Now What?**

We will send you an invitation once your child's portfolio is created. Follow the simple steps and enjoy watching your child develop, learn, and grow!