

REGISTRATION FORM

Child's First Name _____ Child's Last Name _____

Date of Birth: day _____ month _____ year _____ Age _____ Grade _____ M/F

Home Address _____ Postal Code _____

Home Phone: _____ Start Date: _____

Type of Service (please circle one):

Preschool: a) 2 day am b) 3 day am c) 3 day pm d) 5 day am

School Age Care: a) full time b) after school only c) before school only d) other _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mothers home phone _____ Father's home phone _____

Mother's Work Phone # _____ Father's Work Phone # _____

E-mail: _____ (please print clearly)

Emergency Contacts/ **other than parents** /designated to pick up child:

_____ Phone Number _____

_____ Phone Number _____

_____ Phone Number _____

Please list the names and age of other children in the family _____

Other languages spoken/understood/ by child _____

Has the child had previous experience away from home? If "Yes", where, for how long?

How did you hear about our Centre? a) informed by a friend b) website d) other _____

Child's Doctor _____ Phone Number _____

B.C. Medical Number (Care Card) _____

Has this child had any known physical/mental health problem? Yes No

If "Yes" please describe or write the diagnosis:

Does the child have any allergies? _____ If "Yes" list materials or products concerned:

Please list any special instructions regarding food and materials to avoid, or any procedures to follow in the case of an allergic reaction. _____

Please help us to support multiculturalism in our Centre by letting us know about the most important cultural, religious or traditional celebrations in your family:

1. Date (day/month/)_ _____ Celebration name: _____

2. Date (day/month/)_ _____ Celebration name: _____

3. Date (day/month/)_ _____ Celebration name: _____

RECORD OF IMMUNIZATION (1st Dose 2nd Dose 3rd Dose 4th Dose):

Diphtheria/Pertussic/Tetanus _____

Poliomyelitis _____

M/M/R. (Combined) _____

Hib _____

CONSENT FOR EMERGENCY CARE

I authorize the staff at the SHINE-SIGN childcare centre to call a medical practitioner or ambulance in the case of accident or illness of child, if the parent cannot immediately be reached.

I agree that my child will not be released to anyone not designated on this form. I understand that SHINE-SIGN childcare centre is not equipped to care for sick children and I will be contacted and asked to come and pick up my child should he/she become ill during the day.

Signature of the Parent/Guardian: _____ Date: _____