

REGISTRATION FORM



Please print clearly in blue or black ink

Child's Last Name:	Date of Birth (M/D/Y):	
Child's First Name:	Current age: Male : Female:	Date of Application:
Child's Middle Name:	Start Date:	End Date if known:
Child's Middle Name: Date of Birth (M/D/Y):	Child lives with: (Circle one) Mother Father Both Parents Other guardian	
Name used. What do you want us to call your child?	Address where child lives:	
Drop-Off Time:	Pick-up Time:	
Child's School:	School Phone:	
School Address:	Kindergarten class time:	

Parents or Legal Guardians:

Mother: _____

Father: _____

Address: _____

Address: _____

_____ Postal Code: _____

_____ Postal Code: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work/School Phone: _____

Work/School Phone: _____

Occupation: _____

Occupation: _____

Workplace/School: _____

Workplace/School: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Emergency Contacts - Persons to contact in an emergency if parent/guardian cannot be reached:

1.) Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____

2.) Name: _____

Address: _____

Relationship: _____ Home Phone#: _____

Cell Phone#: _____

Note: Please inform us each time if anyone besides the parent/guardian is picking up your child.

Child Custody

Please provide information about child custody & access. A copy of court documents is required if parental access is restricted or if a parent does not have access to a child during daycare hours.

Please provide any other information that you would like to share regarding the care of your child.

Health Information

Alberta Health Care #: _____

Doctor's Name: _____ Doctor's Phone Number: _____

If your child is ill during the day, who should we call?

Name : _____ Relationship: _____

Is your child's immunization up-to-date: Yes _____ No _____

Does Your Child have any allergies: Yes _____ No _____

Allergies _____

If your child has an allergy, what are the symptoms of an allergic reaction? _____

Dietary Restrictions (vegetarian, religious preferences, etc.): _____

Does your child require a special diet for medical reasons? _____ If yes, parent may be required to provide the child's food.

Is your child on any on-going medication: Yes _____ No _____

Name and details of ongoing medication: _____

Please tell us about your child's medical history and any existing medical conditions. _____

Check any of the following that apply

ASTHMA	BRONCHITIS
CHICKEN POX	DIABETES
HEART DISEASE	HEPATITIS
IMPETIGO	MEASLES
MUMPS	GERMAN MEASLES
POLIO	SCARLET FEVER
TUBERCULOSIS	WHOOPNG COUGH
SURGERY	JAUNDICE
POISONING	CONVULSIONS
EPILEPSY	HEAD INJURY

Other: _____

Additional Information: _____

Note: If your child has asthma, an Emergency Response form must be completed

Child Information

Please provide us with information on any of the following that may be relevant to your child.

Fears: _____

Emotional: _____

Behavioural: _____

Speech: _____

Eating: _____

Toileting: _____

Other: _____

Please describe any special needs, developmental concerns, etc. your child may have (in addition to any already noted)? _____

Language spoken at home: _____

Number and ages of siblings: _____

Is your child toilet trained? _____

Please tell us about your child's previous experiences with group care (if any) _____

What are your goals for your child while at center? _____

What do you expect your child to do while at the center? _____

How would you describe your child's personality or disposition? _____

What comforts your child when he/she is distressed? _____

What are your child's interests & favourite toys? _____

If you like, you can tell us about your family's country or countries of origin. We will use this information to reflect your child's background into our program. _____

What holidays and traditions are important to you? _____

Would you be willing to come into the center and share your tradition/celebrations with the staff or children? _____

Child Guidance

Please tell us about the methods of child guidance or discipline you use at home to guide your child's behaviour: _____

How would you like your child to spend his/her time in the center? _____

Is there anything else you want us to know about your child or your family that will help us care for your child? _____

How did you hear about Kids3Daycare? _____

**Thank you for providing the information we need to provide you and your child
with a quality child care experience!**

PARENT PERMISSION FORMS

Administration of First Aid

If my child is injured or becomes ill while in the care of Kids3Daycar & OSC, I hereby give my consent to any staff member that hold a valid first aid certificate to administer health care in the nature of first aid to my child.

Parents or Guardian Signature

Date

Emergency Medical Care

If my child requires emergency medical attention, I understand that it is the responsibility of Kids3Daycare and its employees to ensure my child is provided with the required medical attention immediately. I understand I will be contacted immediately. I give consent for Kids3Daycare staff to call an ambulance to transport my child for medical care if required and I give permission for an attending licensed physician to administer the required treatment or surgery as deemed necessary. I will hold Kids3 Daycare and its employees harmless. I agree to be responsible for any costs that may be incurred for any such action taken.

Parents or Guardian Signature

Date

Community Excursions Permission

I understand that community excursions or walks in the immediate neighborhood and are part of the program at Kids3 Daycare & OSC and I hereby give consent for my child to participate in these activities.

Parents or Guardian Signature

Date

Photographs & Displays of Children's Work and Names

I hereby give my consent to Kids3Daycare & OSC to take photographs of my child. I also give consent to the daycare to display my child's work or projects, name, date of birth and photographs of my child in the daycare rooms. I understand that photographs will be used only in the daycare and may be displayed, kept in photo albums or placed in my child's portfolio.

Photographs of your child will not be used outside of the daycare with parental permission.

Parents/Guardian Signature

Date

Subsidy Privacy Allowance

I hereby allow the staff of Kids3 Daycare to be able to inquire about the status and details of my subsidy application.

Parents or Guardian Signature

Date

Developmental Screening

I hereby give my consent to Kids3Daycare to screen my child's development using a formal developmental screening tool. I understand the outcome of the screening will be shared with me.

Parent/Guardian Signature: _____ Date: _____
