

REGISTRATION FORM

Name of Facility _____

Date child enrolled _____

PLEASE PRINT

Name of Child

 Surname Given Name Middle Name

Name child responds to: _____ Sex: M F

Birth date _____
 Day / Month / Year Child's Personal Health Number

Home Address _____

Postal Code _____ Home Phone _____

Child's First Language _____ Child's Second Language _____

Parent/Guardian: (authorized to pick up child)

Name	Place of work	Hours of work	Work Phone	Cell / Pager #

Person(s) Authorized to Pick Up Child and not listed on previous page

Name	Relation to child	Phone	Cell Phone	Pager

Please use a separate sheet of paper to include additional names

Alternative Person(s) to Call in Case of Emergency (other than parents)

Note the individuals you list here should live in the same City as the child care and be available during the hours the center is open.

Name	Relation to Child	Phone	Cell Phone	Pager	Does this person speak English?

Out of Province Contact Person

Note: this individual would be contacted if there were no local telephone service due to a natural disaster.

Name	Telephone # with Area Code	Address

Guardianship

Do you have a custody agreement? Yes No

If yes please provide the child care center with a copy and provide written instructions that you wish child care staff to follow in regards to the custody agreement. Please use a separate sheet of paper for your instructions.

Staff: I have received a copy of the custody order and written instructions from _____ and have placed a copy in the child's file Staff initials _____

Child's Social Information:

Person(s) with whom child lives:

Name	Relationship	If a sibling or other child please include child's birth date

Has child previously attended day care/pre-school? Yes No

If yes, did your child have a positive experience Yes No

If no, please describe what happened in the centre (optional)

Does your child eat breakfast before coming to the child care center Yes No

Does your child nap during the day when not attending child care? Yes No

If Yes, at what time in the day and for how long does your child nap?

Does your child have a special toy or blanket that they take to bed or use for comfort? Yes No.

What are the words your child will use to indicate the need to use the bathroom?

Health Information

Does your child have:

A diagnosed medical condition?

Yes No

A diagnosed life threatening allergy?

Yes No

If yes, please describe the medical condition or allergy

Does your child take medication for the medical condition or allergy?

Yes No

Name of medication _____

Will the child require medication at the child care center?

Yes No

Has your child had any seizures in the past year?

Yes No

If yes, please provide care instructions for the child care staff.

If your child has a medical condition, life threatening allergy or other concern you and the child care staff will complete a Health Care Plan. Have you received a Medical Plan Data collection form and a Permission to Administer Emergency Medications form from the child care staff?

Yes No

Have you completed the forms and returned them to the child care staff?

Yes No

List all medication that your child currently receives including prescription and over the counter medications such as cold / cough medications.

Prescription Medications	Over the Counter / Non Prescribed Medications

Does your child require a special diet related to health concerns?

Yes No

If yes, please describe the diet:

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Do you have any of the following concerns about your child: Please check Yes or No

Developmental Area	Yes	No
Speech or language development		
Physical development		
Hearing		
Vision		
Dental		

If yes, please describe your concern

Is your child receiving therapy services either privately or from the Richmond Health Department? Yes No

If yes, please describe the treatment or therapy

Other health concerns you wish to share with the staff

Health Contact Information

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Immunization

Parent: Immunization records are on file with Richmond Health Department Yes No

Parent: Completed Richmond Health Department "Immunization Information for Child Care Facilities" (blue form) given to caregiver Yes No

Caregiver: "Immunization Information for Child Care Facilities" (blue form) sent or given to Community Health Nurse or Licensing Officer Yes No

Please tell us any thing else that you think will help us to provide a enriching experience for your child.

Signature of Parent/Guardian

Date