



SWEET CHERRY BLOSSOM DAYCARE

Registration Form

Please note that all information will be kept confidential. In order to give the best care possible, the teachers need to have a clear picture of your child. Thank you for your assistance in completing the following questions.

CHILD'S STARTING DATE: ____/____/____ Monthly Fee: \$_____
YY MM DD

Full-time____Part-time____ Days attending: _____

SEX: M ____F____ DATE OF BIRTH:____/____/____
YY MM DD

NAME OF CHILD:

(Surname) (Given Names) (Also Known As)

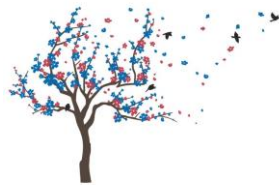
Name the Child responds to:

Address:

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children):

Child's first language: _____ Other languages: _____



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PARENT/MOTHER/GUARDIAN: _____

PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

EMPLOYER: _____ PHONE: _____

HOURS YOU CAN BE REACHED: _____

PARENT/FATHER/GUARDIAN: _____

PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

EMPLOYER: _____ PHONE: _____

HOURS YOU CAN BE REACHED: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care.

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

I understand that the staff cannot release my child to any persons not listed above and hold the right to deny pick up if person seems incapable to do so. Any change must be written.



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FAMILY INFORMATION:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

YOU'RE CHILD LIVES WITH:

(Include any other significant adults or children living with your family)

Has the child previously attended daycare/preschool? YES ____ NO ____ Comments:

CUSTODY INFORMATION

Please note: If there is a Custody Agreement, please provide details below.

A copy of the custody order must be left with the center's manager.

Is there any specific custody arrangements? (If yes please describe)

Is there any imminent danger to your child or a chance of future harm? (If yes please describe)

Custody Agreement YES ____ N/A ____ Provided to Facility YES ____ NO ____ N/A ____



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HEALTH HISTORY:

CHILD'D DOCTOR: _____ PHONE: _____

CHILD'S CARE CARD NUMBER: _____

Does your child have any allergies?

Does your child require any regular medication?

What happens if your child does not receive said medication? Please describe

Please indicate any other special concerns, illnesses, allergies, operations, medications or chronic conditions etc.:

Are there any concerns of abuse or neglect?

Has your child been in the care of the Ministry of Children and Families?

Is there a social worker involved?

Are there any health concern? (Physical, cognitive, emotional or environment)



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Asthma? YES _____ NO _____

If yes, please provide further information:

Has your child had a seizure in the past year? YES _____ NO _____

If yes, please provide further information:

Does your child require a special diet related to a medical condition? YES _____ NO _____

If yes, please provide further information:

Food sensitivities? YES _____ NO _____

If yes, please provide further information:

Is there any other information that we should know regarding your child to better serve them?

SLEEPING:

SLEEPING PROCEDURES: _____

Does your child use a soother? YES / NO

TOILETTING:

Does your child use diaper? YES / NO

Does your child sit on the potty? YES / NO

Is there any special words that your child uses to tell you when he/she needs to use the bathroom or when their diaper is soiled? If yes what are they?



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INTERESTS:

Does your child have favorite toys, activities and songs?

Immunization Documents Returned to Facility YES _____ NO _____

Information Provided By: _____
Print Name Signature

DATE: ____/____/____
YY MM DD

Information Received By: _____
Print Name Signature

DATE: ____/____/____
YY MM DD

Office Use Only

Date Child Leaves the Facility: DATE: ____/____/____
YY MM DD