



## Registration Form

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### For office use only:

Date of Enrollment: \_\_\_\_\_

Date of Resignation: \_\_\_\_\_

### Personal Information

Full Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Name Child Responds To: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

### Persons Authorized to Pick up Child (other than parents listed above)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



## Registration Form

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Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

### Emergency Contact (other than parents listed above)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

### Persons NOT Authorized to Pick Up Your Child

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

**\*Please note:** If there is a Custody Agreement, please give details below. A copy of the custody order must be left with the centre's manager.

\_\_\_\_\_  
\_\_\_\_\_



## Registration Form

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### Emergency Health Information

Doctor's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Care Card Number: \_\_\_\_\_

Dentist's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent for Emergency Care

I \_\_\_\_\_ authorize the staff of Little Treasures Daycare to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Information (Please attach a separate sheet if necessary)

1) Regular medication (s) and reasons for (please list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) Allergies/Reactions and treatment (please list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

\_\_\_\_\_



## Registration Form

4) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

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5) Please list any specific care instructions regarding #1-4: \_\_\_\_\_

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6) Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) : \_\_\_\_\_

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### Group Experiences

1) Has your child had previous Daycare experiences? If yes, how did he/she adapt?

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2) What is/are your child's favorite toys/activities? \_\_\_\_\_

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## Registration Form

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3) How does your child behave around other children (seeks others out, feels shy, etc)?

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### Emotional

1) How does your child react when left with unfamiliar people and/or in unfamiliar situations? \_\_\_\_\_

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2) What suggestions do you have that would help staff ease your child's transition into the program? \_\_\_\_\_

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### Family Information

1) Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc): \_\_\_\_\_

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2) Primary language spoken at home:

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3) Other languages spoken at home:

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## Registration Form

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### Photo Documentation Consent

Documenting the Centre's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only.

I, \_\_\_\_\_ understand that photos may be taken of my child as they take part in the daily activities at the daycare. I give the staff of Little Treasures Daycare permission to take photos and display in the classroom.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Facebook Photo Documentation Consent

Little Treasures Daycare has its own Facebook page. This page is a place to communicate, see updates on the daycare, view pictures of your child's day, and for people to see firsthand what Little Treasures is all about. To post any photos, Little Treasures Daycare needs your written consent to do so. Please fill out the appropriate section below.

I, \_\_\_\_\_ give Little Treasures Daycare permission to post photos of my child, \_\_\_\_\_, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OR**

I, \_\_\_\_\_ do not give Little Treasures Daycare permission to post photos of my child, \_\_\_\_\_, on their Facebook page.



## Registration Form

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Parent Signature

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Date