



# Registration Form

Preferred Start Date: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ (Boy/Girl)

Birthday (year/month/day): \_\_\_\_\_ S.I.N Number : \_\_\_\_\_

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

Phone: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

## Please check the age group you want

- Infant/Toddler (under 3 yrs)       Preschooler (3 – 5 yrs)

## Type of care wanted (Circle all that apply)

- Full-time       Part-time

## Amount of Care (Circle all days required)

- Monday       Tuesday       Wednesday       Thursday       Friday

## Parent/Guardian (person to be contacted 1st)

Name: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Guardian (person to be contacted 2nd)

Name: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

## Persons authorized to pick up child or be contacted in an emergency

I hereby authorized the following people (Name, relationship, and phone number)

to pick up my child at \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_



--	--	--

**Persons NOT authorized** to pick up child. (Name and Relationship)

*If applicable, please supply a copy of Custody Order*

1. \_\_\_\_\_
2. \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

The Registration fee is Non-Refundable. Also, our policy for deposit is that we will hold your child's space you are requesting at an agreed upon time, if the registration and security deposit are paid in full. If you wish to withdraw and two full calendar months' notice from the 1st of the month are given then this fee will be only applied on your last day of care. If no two full calendar months' notice are given or cancel the care service before starting date then the security deposit will be withhold(No Refund). This will be in effect whether or not care has taken place. Hellokids only accept the Withdraw form after starting my childcare service(Minimum 3 months' enrolment is required)

### CHILD'S INFORMATION

The following information about your child will help us to get to know him/her quickly and to plan a program to enrich the daycare experience. Please be aware that all information will be regarded as confidential.

Child Name : \_\_\_\_\_

#### Personal Background

Has child had previous experience away from home?  Yes  No

If yes, please explain (Name of Program, Dates Attended, Reason for Leaving)

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

Is there anything special that we should know about your child which help us to understand your child? (Characteristics, qualities, moods, temperament)

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

Siblings (Name and Birthday)

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



--	--	--

Describe how you feel he/she relates to

Parent \_\_\_\_\_

Other adults \_\_\_\_\_

Other Children \_\_\_\_\_

Strangers \_\_\_\_\_

Favourite activities/toys \_\_\_\_\_

Form of discipline (if any) used at home \_\_\_\_\_

How does your child react to discipline \_\_\_\_\_

**Health**

Child's Care Card # \_\_\_\_\_ Child's Dental # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Has your child attended a child health clinic? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child have any health problems such as: Diabetes, Frequent Ear Infection, Asthma, Hearing Loss, Allergies, Heart Conditions, Vision Problems, Seizures, Kidney or Bladder Problems, Other \_\_\_\_\_

Does any other family member have any of the above health problems?  
Please comment \_\_\_\_\_

**Child's Immunization History**

- I confirm that my child's immunizations are up-to-date.
- My child's immunizations are not complete, but I plan to bring him/her up-to-date.
- My child is not immunized because of personal preference.

Date of Immunization	Type of Immunization
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____



--	--	--

6. \_\_\_\_\_  
7. \_\_\_\_\_

**Eating and nutrition:**

Please list your child's normal feeding/meal time

\_\_\_\_\_

Your child's favourite food: \_\_\_\_\_ Least favourite: \_\_\_\_\_  
Any ethnic or religious observations related to food?

\_\_\_\_\_

**Sleeping Habits:**

Does your child sleep alone? \_\_\_\_\_ Does he/she sleep well? \_\_\_\_\_  
Please list your child's usual sleep time

\_\_\_\_\_

**Toileting:**

Is your child toilet trained? \_\_\_\_\_ Normal frequency of bowel movements \_\_\_\_\_  
Special words for urination: \_\_\_\_\_ Special words for bowel movement: \_\_\_\_\_

**General:**

How do you feel about your child starting daycare? \_\_\_\_\_

Any fears i.e. vacuum cleaner, beards, etc. \_\_\_\_\_

Is there a reason, other than being working parent, that the daycare is needed?

\_\_\_\_\_

What do you hope your child will gain from being in daycare?

\_\_\_\_\_

Do you know any other parent/child/staff in the centre? \_\_\_\_\_

**Date of Interview** \_\_\_\_\_ **Date of Enrolment** \_\_\_\_\_

**Signature of Director** \_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_



--	--	--