

Child Name:			Preferred Start Date:	
Birthday (year/month/day): S.I.N Number : Address:	Child Name:		(Bo	y/Girl)
Address: Language spoken at home: 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:				
Phone: Language spoken at home:				
 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: 				
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Amount of Care (Circle all days required) Monday Tuesday Wednesday Thursday Friday Parent/Guardian (person to be contacted 1st) Name:	Type of care wante	d (Circle all that apply)		
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Monday Duesday Duesday Duesday Duesday Duesday Description of the contacted lst. Name:	Amount of Care (C	ircle all days required)		
Name: Address:	× ×	5 1 /	esday 🗆 Thursday	🗆 Friday
Name: Address:	Parent/Guardian (r	erson to be contacted 1	.st)	
Address:	-			
Phone: Home Work Email: Parent/Guardian (person to be contacted 2nd) Name: Address:				erent from child's)
Email: Parent/Guardian (person to be contacted 2nd) Name: Address: 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				
Parent/Guardian (person to be contacted 2nd) Name:				
Name:				
Address:	Parent/Guardian (p	person to be contacted 2	nd)	
Address:			·	
Phone: HomeWorkCell 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				erent from child's)
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1	to pick up my child at			<u>_</u>
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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)

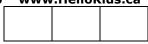
Is there anything special that we should know about your child which help us to understand your child? (Characteristics, qualities, moods, temperament)

Siblings (Name and Birthday)



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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	
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Health	Children Device 1 //
Child's Care Card #	
Doctor:	
Dentist:	
Has your child attended a child health clinic?	Where?
Thus your onne attonaed a onne nearth onne.	
Does your child have any health problems suc	h as: Diabetes, Frequent Ear Infection, Asthma,
Hearing Loss, Allergies, Heart Conditions, Vi	· · · · · · · · · · · · · · · · · · ·
Problems, Other	
Does any other family member have any of th	e above health problems?
Please comment	
Child's Immunization History	
I confirm that my child's immuniz	ations are up-to-date.
•	complete, but I plan to bring him/her up-to-date.
□ My child is not immunized becaus	se of personal preference.
Date of Immunization Type of Immuni	
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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
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