

Registration Form

Child's Name: _____

Address: _____

Date of Birth _____

Lives with: Both parents _____ Mom or Dad _____ Other _____

Mom's (or Guardian) Name: _____

Address: _____

Home/Cell phone# : _____ Wk phone #: _____

Place of Work: _____

Dad's (or Guardian) Name: _____

Address: _____

Home/Cell phone# : _____ Wk phone #: _____

Place of Work: _____

Emergency Contact #1 _____

Address: _____

Phone#: _____ Relation: _____

Emergency Contact #2 _____

Address: _____

Phone#: _____ Relation: _____

Blatchford Daycare & OSC

Health Information

AHC# _____ Immunization up to date?: _____

Dr.'s Name: _____ Ph #: _____

Address: _____

Does your child require on going medication? _____

Name of medication: _____ Reason: _____

Does your child have any allergies? _____

Symptoms: _____

Does your child require any emergency medication? _____ If yes, please complete a medication permission form. Name of medication:

Any food restrictions? _____

PERSONS AUTHORIZED TO PICK UP:	
Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Names of other children in the family:

_____ Birthdate: _____

_____ (yy/mm/dd) _____

_____ (yy/mm/dd) _____

About Your Child

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

Are there any recent traumatic situations your child has been exposed to such as a death in the family, divorce, move, new sibling etc.?

What is your normal method of discipline? _____

What is your child's temperament? E.g. going, hard to please, demanding, aggressive, etc. _____

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to share?

Blatchford Daycare & OSC

Start date: _____

Times you plan to drop your child off _____

Times you plan to pick up your child _____

I give permission that my child, _____, may be given first aid treatment by qualified staff at **Blatchford Daycare & OSC**

In the event that I or the Emergency Contacts assigned by me are not available, I give my permission (as parent or legal guardian) to the caregivers to provide first aid for the child named above. I also give permission to take the appropriate measure including contacting the emergency medical services (EMS) to arrange transportation to the closest medical facility. All costs incurred will be the responsibility of parents.

I have received a copy of the **Blatchford Daycare & OSC** policy handbook. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program.

I also agree to give a minimum of two weeks written notice (ten full daycare days) of my intent to withdraw my child/children from the daycare program. If two weeks notice is not given, I/we agree to make full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied to the final two-week period.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I understand the daycare fees are _\$ _____ , due on the 1st day of each month. I understand fees will not be reimbursed for holiday and sick days.

_____ I understand the late pickup/early drop off fee is \$2.00 per minute.

_____ I understand the pick up policy for other than parental pick up.

_____ I understand the illness policy.

_____ I understand the medication administration policy.

_____ I am contracting for year-round arrangements.

_____ I have read and understand the child discipline policy.

_____ I understand the off-site activity policy.

_____ I understand that I must inform the daycare prior to 9:00 am, should my child be absent.

Blatchford Daycare & OSC

Parent Signature

Date