

REGISTRATION FORM FOR CHILD CARE

Child Care Facility: Honeybee's Preschool
Full Name of Child:
Usual Name of Child [if different]:

PERSONAL INFORMATION

Child's Date of Birth:	Gender:
Starting Date:	
Address:	
Postal Code:	
Phone:	
Parent or Guardian: Female [Mother]	Male [Father]
Name:	Name:
Address [if different from above]	Address [if different from above]
Email: Phone:	Email: Phone:
Work address/alternate location:	Work address/alternate location:
Phone [include local]: Cellular/Pager: Hours at this location:	Phone [include local]: Cellular/Pager: Hours at this location:

PERSON(S) AUTHORIZED TO PICK UP CHILD

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

ALTERNATE PERSON(S) TO CALL IN CASE OF EMERGENCY		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

EMERGENCY HEALTH INFORMATION	
Care Card Number:	
Family Doctor: Name:	Phone:
Address:	

CHILD'S IMMUNIZATION HISTORY (Please record dates [Year/Month/Day] of immunization)						
Birth Date:						
Diphtheria	Pertussis	Tetanus	Polio	Measles	Mumps	Rubella
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
4.	4.	4.	4.	4.	4.	4.
5.	5.	5.	5.	5.	5.	5.

CUSTODY AGREEMENT
If applicable, supply a copy of the Custody Order to the Licensee.

HEALTH INFORMATION (PLEASE ATTACH A SEPARATE SHEET, IF NECESSARY)

Medication(s) and reasons for (please list):

Allergie(s) and treatment of (please list):

Accidents(s), illness(es) or operations your child has had and include dates(s):

Please describe any concerns you may have regards your child's development [ie. behavior, vision, hearing, speech, language, etc]:

EATING AND NUTRITION

List your child's favourite food:

List any disliked food:

Please describe any particular eating patterns:

Are there any religious or ethnic observances related to foods:

SLEEPING		
Nap Time:	How long to settle:	Time of waking:
Bedtime:	How long to settle:	Time of waking:
Is your child a deep sleeper, or does (s)he awaken easily?		
Does your child take a favourite comforter [eg. Blanket or toy] to bed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe and tell us if it is "named":		
What is your child's mood upon waking?		

TOILETTING			
Is your child toilet trained? Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>			
Please Indicate your child's frequency or patterns for bowel movements:			
Describe assistance needed to for toileting:			
Describe assistance needed to for toileting:			
Urination:		Bowel Movements:	

PLAY GROUP EXPERIENCES			
What are you child's favourite toys(s):			
What types of play activities does your child enjoy:			
How does your child behave toward other children [eg. seeks others out, feels shy]:			
Please list any day care, preschool, or other group situations in which your child has participated:			
<u>Name of Program</u>	<u>Dates Attended</u>	<u>Reason for Leaving</u>	<u>Phone Number</u>

EMOTIONAL	
How does your child react when left with unfamiliar people and/or in unfamiliar situations?	
Does your child have any particular fears? Please describe:	
What suggestions do you have that might help staff make your child's transition into this program easier?	

FAMILY AND GENERAL HOUSHOLD INFORMATION	
Please list the names of the significant people in your child's life (eg. siblings, grandparents, pets, etc.):	
Please describe the guidance and discipline methods used at home:	
Primary language spoken in the home:	English speaking contact [if possible]
Other languages:	Phone:

SIGNATURE OF PARENT OR GUARDIAN	
Signature:	Date: