



**OFFICE USE ONLY:**

Admission Date: \_\_\_\_\_  
 Emergency Sheet  Accounting dep   
 Parent FB Page  Walk Through   
 Withdrawal Date: \_\_\_\_\_

**Cheques are to be made payable to Play 2 Learn Child Care Ltd.  
 ETRANSFER TO: play2learn2018@gmail.com**

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Health Card#: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_  
 Cell Phone#: \_\_\_\_\_ Other contact info: \_\_\_\_\_  
 Home address (if different from Child): \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_  
 Cell Phone#: \_\_\_\_\_ Other contact info: \_\_\_\_\_  
 Home address (if different from Child): \_\_\_\_\_

Important information is shared with our families through e-mail please provide us with your primary e-mail address. If you do not have a primary e-mail address we also provide this information on our communication board.

**Primary e-mail address:** \_\_\_\_\_

**REGISTERING IN:**

Single Child Family

- ✚ Part Time Program: Mon.  Tues.  Wed.  Thurs.  Fri.
- ✚ Fulltime Program Monday to Friday

Multiple Children Family

- ✚ Part Time Program: Mon.  Tues.  Wed.  Thurs.  Fri.
- ✚ Fulltime Program Monday to Friday

Infant 18 months and younger

- ✚ Part Time Program: Mon.  Tues.  Wed.  Thurs.  Fri.
- ✚ Fulltime Program Monday to Friday

Drop in

Approx. Drop off time: \_\_\_\_\_ Approx. Pick Up Time: \_\_\_\_\_

**Please note:**

1. Without notice there will be a \$1.00 late for every minute over the pick-up time.
2. Schedules for part time care must be submitted before the 25th of the previous month.
3. Daycare fee will NEVER EXCEED \$25/DAY as we are an approved ELCC site.

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

**Authorizations For:**

**Childs Name:** \_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

I am willing for my child, \_\_\_\_\_, to have medical attention and be taken to the hospital in the case of emergency, if I/we cannot be reached.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**PHOTOGRAPH PERMISSION:**

I am willing to allow my child to be photographed during our program for the purpose of display within the preschool or publication in local newspapers or Play 2 Learn Website and Secure Parent Facebook group page.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**NEIGHBOURHOOD WALK AUTHORIZATION:**

I allow my child to participate in neighborhood walks organized by Play 2 Learn. (Play 2 Learn will advise of such walks in advance)

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**FIELD TRIP AUTHORIZATION:**

I allow my child to participate in field trips organized by Play 2 Learn. (Play 2 Learn will advise of such outings in advance)

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

I am aware that the policy manual is available to me at [www.play2learndaycare.ca](http://www.play2learndaycare.ca) and at the Daycare. I acknowledge that I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding Play 2 Lean Child Care policies I should direct them to the director or administration.

I also am aware that Play 2 Learn Child Care, at any time, may on reasonable notice, change, add to, or delete from the provisions of these policies.

Please sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Important Information For:  
Child: \_\_\_\_\_**

\*\*Note all addresses on this page **MUST be physical addresses** in or close to Elk Point.

***Emergency Contact Persons (other than Mother and Father)***

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Day phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Day phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*Additional Persons other than above mentioned who are authorized to pick up of your child.*

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
Name 3: \_\_\_\_\_ Name 4: \_\_\_\_\_

***Physician and/or clinic***

Clinic: \_\_\_\_\_ Physician: \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

***Dentist and/or clinic***

Clinic: \_\_\_\_\_ Physician: \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

***Immunization:***

Up to Date: Yes  No  DPTP  HIB  MMR  TdP  IB

***Background Information***

Please list other children in the household.

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

Language(s) spoken at home: \_\_\_\_\_

Has your child been in a child care arrangement before? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

***Health and Development History***

Describe any difficulties or serious illnesses at birth, if any: \_\_\_\_\_  
\_\_\_\_\_

Describe your child's general health (i.e. recurrent colds, ear infections, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Does your child presently have any serious medical problems? Yes  No

Is your currently child taking any medication? What is the medication and what is it used for?

\_\_\_\_\_

Does your child have any allergies other than food: Yes  No

If yes, please list: \_\_\_\_\_

Has your child ever been to the dentist? Yes  No

Does your child have any dental problems? \_\_\_\_\_

How would you describe your child's emotional, physical and social growth, and development to this point?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child communicate? \_\_\_\_\_

\_\_\_\_\_

### ***Diet***

Please describe your child's diet. What types of fluids and foods does s/he drink and eat?

Beverages: \_\_\_\_\_

Solids: \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies: Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Is this allergy severe enough to require medication or emergency treatment? Yes  No

If yes, please describe and detail any medications required: \_\_\_\_\_

\_\_\_\_\_

Has your child eaten peanut butter at home? Yes  No

Does your child have any diet restrictions? Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Do you have any particular concerns about your child's diet or eating habits?

\_\_\_\_\_

\_\_\_\_\_

Describe your child's sleeping habits and routine. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Toileting**

How far has your child progressed in toilet training, if applicable?

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

How frequently does your child have bowel movements? \_\_\_\_\_

***Behaviour Patterns and Habits***

Describe your child's behaviour and habits. (temperament, energy level)

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

Does your child have any particular attachments (doll, blanket) or any particular habits (pacifier, thumb sucking)?

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

We would appreciate your views on guiding your child's behaviour and setting limits:

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

Is there anything else you would like to tell us about your child to help us provide good childcare?

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

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature : \_\_\_\_\_

***Notes :***