

Honey Bees Studio Day Care



Registration form

Start Date _____

Child's Birth Date _____ Child's Full Name _____ Male/Female

Child's Address _____

Postal Code _____ Child's Home Phone _____

Program: 30 moths – 5 yr old Full Time Day Care Program

If part-time, circle days: Monday Tuesday Wednesday Thursday Friday

Or Half Day

8am-1pm circle days Monday Tuesday Wednesday Thursday Friday

Designated Family email address _____

Mom's Name _____

Mom's Home Address _____
 _____ Postal Code _____ (if
 different from child's)

Mom's Phone Number: Home _____ Work _____ Cell _____

Mom's Email _____

Dad's Name _____

Dad's Home Address _____

Postal Code _____ (If different from child's or mom's) Dad's Phone Number:
 Home _____ Work _____ Cell _____

Family Dr. Name _____

Dr's Phone _____ Care Card Number _____

Consent for Emergency Care I authorize the staff at the Day Care centre to call a medical practitioner or an ambulance / transport my child to emergency medical care, in the case of accident or illness of my children, if the parent can not immediately be reached. YES NO

Alternate Persons Authorized to Pick Up Child (Adults, other than parents, authorized to pick up or call for emergency purposes)

Name	Relationship	Telephone	Authorized to Pickup	Authorized to Call
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Person who are NOT AUTHORIZED TO PICK UP OR ACCESS TO MY CHILD

Name	Relationship	Telephone

Child's Immunization Status:

Is your child up to date on immunization? Yes No

If no, reason why:

Health Information

Regular Medication and Reasons For:

Allergies and Treatment of:

concerns/issues regarding your child's health (i.e. seizures, asthma, vision, hearing, etc).

Any concerns you may have regarding your child's development (i.e. behavior, speech, language, mobility etc.)

Favorite food _____ Least favorite food _____

Bed time _____ Wake up time _____ How long to settle?

_____ Nap time _____ Wake up time _____ How long to settle? _____ Toilet trained? _____

Play Group Experience: Please list any daycare, preschool, or other group situation your child has attended.(Name of program, Date attended, Reason for leaving)

1 _____

2 _____
_____ Signature of Parents _____

Date _____