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Tree of Life Childcare Enrollment Form Before and After (School age)

Present Date _____
Start Date _____

Child's name _____
Child's age _____
Child's Birthdate _____
Sex: M \ F
Nickname _____

Address _____

Contact Info:

Caregiver name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
Place of employment _____

Caregiver name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
Place of employment _____

Child Lives With:
Mother ___ Father ___ Both ___ Other ___

Responsible person(s) who can be contacted if parent / guardian cannot be reached and who are authorized to pick up child from the day care:

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

Emergency Contact Name: _____
Relationship to Child: _____
Phone: _____ Phone: _____

Emergency Contact Name: _____
Relationship to Child: _____
Phone: _____ Phone: _____

Care Card Personal Health Number: _____

Your Child's Health

CHILD'S HEALTH RECORD:

General state of health: _____

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Dentists' name _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations)

Does your child have any known allergies? _____

Are you concerned that your child may be prone to any type of allergies? _____
Describe: _____

Does your child have any medical conditions / medications which I should be made aware of? _____

Has your child had the following common childhood illnesses? (*Please circle*)

- | | |
|-------------------------|----------------|
| Constipation | Asthma |
| Convulsions | Bronchitis |
| Diarrhea | Chicken Pox |
| Fainting Spells | Diabetes |
| Frequent Colds | Heart Disease |
| Frequent Ear Infections | Hepatitis |
| Frequent Sore Throats | Impetigo |
| Lice | Measles |
| Ringworm | Mumps |
| Skin Rash | German Measles |
| Soiling | Polio |
| Stomach Upsets | Scarlet Fever |
| Urinary Problem | Tuberculosis |
| Worms | Whooping Cough |

Does your child have any of these illnesses on the regular? _____

Does your child have any speech, hearing or visual needs? _____

Would there be any restrictions to play or activities? _____

I authorize the staff at the Tree of Life Childcare Centre to call a medical practitioner or an ambulance in the case of accident or illness of my child, if the parent cannot immediately be reached.

Signature: _____ Date: _____

About Your Child

Has your child ever been in child care before? Y \ N What type (center, family daycare, grandma etc.) _____

Was it a positive experience? Y \ N

Reason for leaving: _____

Why are you looking for child care? _____

How does your child feel about daycare or being left in the care of someone else other than yourself? _____

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

What are your methods when dealing with behaviour? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.? _____

Can your child be relied upon to indicate bathroom wishes? _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

What are your child's religious beliefs? _____

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

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

The schedule I am looking for will be: (Please circle)

Monday Tuesday Wednesday Thursday Friday

AM / PM / BOTH

Drop off will be _____am Pick up will be _____pm

