

For Office Use Only

Date of Enrolment: _____

Paid Registration Fee _____ Deposit _____



Program: (please check one) **Preschool** _____ **Infant** _____

Drop off Time: _____ **Pick Up Time:** _____

Personal Information

Child Last Name: _____ Initial: _____ Child First Name: _____

Nickname: _____

Date of Birth: _____ (Month / Day / Year) Age: _____ Sex: M / F

Medical numbers: (Family # 6 digits) _____ PHIN # (9 digits) _____

Child's physician: _____ Physician's phone # _____

Home address: _____

Home phone# _____

Allergies / Restrictions:

- ☐ Food: _____
- ☐ Animals: _____
- ☐ Environment (dust, pollen, etc.): _____
- ☐ Medications: _____
- ☐ Other: _____

Sensitivities: _____

The information requested concerning your child on this registration form is to help the Created 4 Me Early Learning Center staff become acquainted with your child. All information pertaining to children and families is held in the strictest of confidence.



Parent/Guardian #1 Information

First name: _____ Last name: _____

Home address: _____

Mailing Address (if different from above): _____

Home phone #: _____ Cell phone #: _____ Text: _____ (Y / N)

Name of employer/school: _____

Work phone # _____ Relationship to child: _____

Email address invoices and newsletters can be sent: _____

Parent/Guardian #2 Information

First name: _____ Last name: _____

Home address: _____

Mailing Address (if different from above): _____

Home phone #: _____ Cell phone #: _____ Text: _____ (Y / N)

Name of employer/school: _____

Work phone # _____ Relationship to child: _____

Email address invoices and newsletters can be sent: _____



Emergency Information

Please provide the following information for use in the event that staff are unable to reach parents/guardians in an emergency situation. Persons designated as an emergency contact will automatically be given pick up privileges.

Contact #1

First name: _____ Last Name: _____

Home address: _____

Phone Numbers: Home _____ Cell _____ Work _____

Contact #2

First name: _____ Last name: _____

Home address: _____

Phone Numbers: Home _____ Cell _____ Work _____

Alternate pickups / Other adults who may pick up my child

Please provide the first and last name of adults who may pick up your child. Children will only be released to those people whose names appear on this list. Please ensure that the pickup person brings photo identification to present to staff at the time of pick up. Children may be released to individuals listed at any time and it is the responsibility of parents or guardians to inform staff of any changes to the pickup list.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

School & Bussing Information (If Applicable)

Name of school: _____

School bus schedule: AM bus # _____ Pick up time: _____

PM bus # _____ Drop off time: _____

Has your child had previous experience in a child care setting? If yes, please provide details (type of child care setting, length of care, was it a positive experience for you and your child and why, etc.).

Please provide any information regarding your family that you feel may assist staff in caring for your child (eg. siblings, languages spoken in the home, two parent/single parent family, custody/living arrangements, extended/step family, foster family, etc.).

Does your child have any developmental needs or medical conditions (social, emotional, physical, etc.)? If yes, please provide details of your child's needs, how you and your family have assisted your child in the home and/or previous school/child care settings.

Does your child have any behavioural issues? If yes, please provide details of the behavioural issue and how you and your family have assisted your child.

Has your child received support for a developmental need, medical condition or behavioural issue (eg. therapists, developmental counsellors, behaviouralists, etc.)? If yes, please provide details.

In general how does your child react to stressful situations? Please provide specific information.

How does your child relate to other children? To adults? Please provide details.

Please describe any concerns you may have regarding your child's adjustment to the daycare program.

Does your child eat without assistance? YES / NO

Does your child enjoy eating? YES / NO

Do you have any concerns about your child's eating habits? YES / NO

If yes, please specify your concerns.

Is your child toilet trained for urine? YES / NO

Is your child toilet trained for bowels? YES / NO

What words do you use with your child for toileting? _____

Does your child nap? YES / NO If yes, how long? _____

Does your child sleep well? YES / NO



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Attached Forms: URIS _____ CUSTODY ORDERS _____ COURT ORDERS _____

Child & Family Service has Guardianship of the child enrolling : Yes _____ No _____

Child Last Name: _____ Initial: _____ Child First Name: _____

Nickname: _____

Date of Birth: _____ (Month /Day /Year) Age: _____ Sex: M / F

Medical numbers: (Family # 6 digits) _____ PHIN # (9 digits) _____

Child's physician: _____

Physician's phone # _____

Allergies/Restrictions: _____

Medication: _____

Parent / Guardian #1 name: _____

Home address: _____

Home phone# _____ Cell phone # _____

Place of employment: _____ Position: _____

Work address: _____

Work Phone Number: _____, _____

Parent / Guardian #2 name: _____

Home address: _____

Home phone# _____ Cell phone # _____

Place of employment: _____ Position: _____

Work address: _____

Work Phone Number: _____, _____

Emergency Contact name: _____ Last Name: _____

Home address: _____

Home phone#: _____ Work phone # _____

Emergency Contact name: _____ Last Name: _____

Home address: _____

Home phone#: _____ Work phone # _____ Cell # _____

Alternate pick up's:

Name: _____ Phone # _____, Cell # _____

Name: _____ Phone# _____, Cell # _____

Name: _____ Phone# _____, Cell # _____



Release Form

- 1) **I/We** have read and understand the Parent Policy Package provided to me by Created 4 Me Early Learning Center Inc. and agree to abide by the policies as written.
- 2) **I/We grant permission** for my child to take part in daily outings organized by Created 4 Me Early Learning Center Inc. I understand that if I do not want my child to participate in these outings and alternative arrangements cannot be made to remain in the centre it will be my responsibility to arrange alternate care. I further understand that transportation will be by walking, or school bus.
- 3) **I/We grant permission** for photographs or video to be made that may or may not include pictures of my child. Photographs or videos will only be used as part of the program. These pictures may be distributed in the centre, to children who are leaving in “good-bye albums”, or may be used for promotion of Created 4 Me Early Learning Center Inc.
- 4) **I/We grant permission** for my child’s name to be posted on artwork, letters sent home, lists for invitations/cards to be sent home, and around the centre.
- 5) **I/We grant permission** for pictures of my child in his/her regular setting or field trip to be used on the Created 4 Me Early Learning Center Inc website.
- 6) **I/We grant permission** for Created 4 Me Early Learning Center Inc to allow for indirect supervision of my child.

Signature Guardian #1

Signature Guardian #2

Date: _____

Parent Comments:

~ Please return all forms to Director on or before enrollment date ~



