

## Parkdale Early Childhood Center CHILD CARE REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
DAY MONTH YEAR

GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER AND STREET CITY

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK/CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER AND STREET CITY

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

IS A COURT ORDER IN EFFECT REGARDING CUSTODY OF THE CHILD?

\_\_\_(YES) \_\_\_(NO)

IF YES, WHAT ARE THE CONDITIONS? (e.g. visiting at the program)

\_\_\_\_\_

### PERSON(S) AUTHORIZED TO DROP OFF AND PICK UP CHILD

(Other than parents/guardians) RELATIONSHIP TO CHILD

(1) \_\_\_\_\_ PHONE# \_\_\_\_\_

(2) \_\_\_\_\_ PHONE # \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

(Other than parents/guardians) RELATIONSHIP TO CHILD

(1) \_\_\_\_\_ PHONE# \_\_\_\_\_

(2) \_\_\_\_\_ PHONE # \_\_\_\_\_

### PERSONS NOT PERMITTED ACCESS TO CHILD

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**MEDICAL INFORMATION**

MEDICAL INSURANCE PLAN NUMBER \_\_\_\_\_ Date Effective \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

CHILD’S GENERAL HEALTH \_\_\_\_\_

DOES YOUR CHILD HAVE SUPPORT NEEDS? \_\_\_\_\_

ALLERGIES (FOOD, DRUGS, ANIMALS, BEES, ETC.) \_\_\_\_\_

SERIOUS ILLNESS \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

**CHILD’S HISTORY**

CHILD’S FIRST LANGUAGE: \_\_\_\_\_; SCOND LANGUAGE: \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_

CHILD’S PREVIOUS EXPERIENCE AWAY FROM HOME (DAYCARE, PRESCHOOL)

\_\_\_\_\_

GUIDANCE AND CONTROL METHODS THAT CHILD RESPONDS TO \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY FURTHER INFORMATION WHICH WILL HELP THE SUPERVISOR TO KNOW YOUR CHILD’S FEARS, CONCERNS, INTERESTS? \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD TOILET TRAINED? \_\_\_\_\_

SPECIAL WORDS USED BY CHILD FOR TOILETING? \_\_\_\_\_

ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES WE SHOULD BE AWARE OF? \_\_\_\_\_

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN**  
(ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Measles</b>
<input type="checkbox"/> <b>Pertussis</b>	<input type="checkbox"/> <b>Mumps</b>
<input type="checkbox"/> <b>Tetanus</b>	<input type="checkbox"/> <b>Rubella</b>
<input type="checkbox"/> <b>Polio</b>	<input type="checkbox"/> <b>Meningococcal C Conjugate</b>
<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>	<input type="checkbox"/> <b>Varicella (chicken pox)</b>
<input type="checkbox"/> <b>Hepatitis B</b>	
<input type="checkbox"/> <b>Pneumococcal Conjugate</b>	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> <b>Meningococcal C Conjugate</b>	<input type="checkbox"/> <b>Diphtheria</b>
	<input type="checkbox"/> <b>Pertussis</b>
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> <b>Tetanus</b>
<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Polio</b>
<input type="checkbox"/> <b>Pertussis</b>	<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>
<input type="checkbox"/> <b>Tetanus</b>	<input type="checkbox"/> <b>Measles, Mumps, Rubella</b>
<input type="checkbox"/> <b>Polio</b>	<input type="checkbox"/> <b>Pneumococcal Conjugate</b>
<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>	
<input type="checkbox"/> <b>Hepatitis B</b>	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> <b>Pneumococcal Conjugate</b>	<input type="checkbox"/> <b>Diphtheria</b>
	<input type="checkbox"/> <b>Pertussis</b>
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> <b>Tetanus</b>
<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Polio</b>
<input type="checkbox"/> <b>Pertussis</b>	<input type="checkbox"/> <b>Varicella (chicken pox)</b>
<input type="checkbox"/> <b>Tetanus</b>	
<input type="checkbox"/> <b>Polio</b>	Other Immunizations:
<input type="checkbox"/> <b>Haemophilus Influenza Type b (hib)</b>	YYYY / MM / DD
<input type="checkbox"/> <b>Hepatitis B</b>	YYYY / MM / DD
<input type="checkbox"/> <b>Pneumococcal Conjugate</b>	YYYY / MM / DD

***I, the undersigned, agree to adhere to the policies of Parkdale Early Childhood Centre.***

SIGNED:

Parent(s) or Guardian \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_

**PERMISSION FOR OUTTRIPS**

I, the undersigned, as parent(s)/guardian of \_\_\_\_\_ hereby give written consent for my child to participate in the trips of the Parkdale Early Childhood Centre. I fully understand that every precaution and safety measure will be adhered to by the Parkdale Early Childhood Centre staff and I waive any liability to Parkdale Early Childhood Centre and to Parkdale Evangelical Free Church

SIGNED: Parent(s) or Guardian \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_

**PICTURE PERMISSION**

I, the undersigned, as parent/guardian of \_\_\_\_\_ hereby give written consent for my child's picture to be taken as the need arises.

SIGNED Parent(s) or Guardian \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_

**MEDICAL**

I, the undersigned, give my consent to the staff of Parkdale Early Childhood Centre to call a medical practitioner or ambulance for my child in the case of accident or illness. I hereby give authority to the staff of Parkdale Early Childhood Centre to sign for medical services including transportation by ambulance, stitches or any other that is recommended by the attending physician.

SIGNED Parent(s) or Guardian \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_\_