



Kids & Company

PARENT REGISTRATION FORM

Anticipated Start Date: _____
 Name of Centre: _____
 Anticipated Drop-Off/Pick-Up Times: _____

Name of Child: _____ Gender: M / F
First Middle Last

Child's Address: _____
Street Address City Postal Code

Child's Address is Same as: Mother _____ Father _____ Other _____

Child's Date of Birth (month/dd/yy): _____ Age: _____

PARENT/GUARDIAN INFORMATION #1	PARENT/GUARDIAN INFORMATION #2
Relationship to Child:	Relationship to Child:
First and Last Name:	First and Last Name:
Address:	Address:
City/ PC:	City/ PC:
Email:	Email:
Phone (Home):	Phone (Home):
Phone (Cell):	Phone (Cell):

EMPLOYER INFORMATION	EMPLOYER INFORMATION
Company Name:	Company Name:
Address:	Address:
Phone (work):	Phone (work):

EMERGENCY CONTACT PERSON	EMERGENCY CONTACT PERSON
Name:	Name:
Address:	Address:
Relationship to Child:	Relationship to Child:
Phone: Home:	Phone: Home:
Cell:	Cell:
Work:	Work:

NOTE: Parent/Guardian(s) agree to be responsible for and will advise each emergency contact person(s) that, in the event the Centre is unable to reach a parent/guardian within 30 minutes of a Critical Incident, the Centre may, at its discretion, contact the above emergency contact person(s) who will thereafter be responsible to act as the Child's parent/guardian until the emergency contact person(s) is able to reach the parent/guardian. **THE CENTRE IS NOT RESPONSIBLE FOR FURTHER EFFORTS TO REACH A PARENT/GUARDIAN ONCE AN EMERGENCY CONTACT PERSON(S) HAS BEEN ADVISED OF A CRITICAL INCIDENT.**

MEDICAL INFORMATION

Does your child have any Allergies/Medical Conditions?

Is your child's immunization up to date? Yes _____ No _____

*Does your child require an epi pen? Yes _____ No _____

AUTHORIZED PICK UP PERSONS

My child may be released to parent(s)/guardian(s), emergency contacts, or the following people **ONLY**. I will notify the center ahead of time if alternate arrangements have been made.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

ROOM INFORMATION

1. Ensure staff has acknowledged arrival of your child in their room each day before you leave
2. Please label all personal items (we are not responsible for lost or stolen items)
3. Indoor shoes are required (suitable for outdoor wear in emergency - please no slippers or flip flops)
4. An extra change of clothing is required
5. Know all policies and procedures and please ask questions
6. For daycare children: supply a blanket to be brought home and washed at the end of every week
7. Tidy your child's cubby daily and check for newsletters or other Centre communication
8. Provide appropriate seasonal items (i.e. coat, snow pants, toque, mitts, sunscreen, hat, water bottle)

CHILD INFORMATION

Eating habits: _____

Likes/Dislikes _____

Reaction to being ill: _____

Favorite Activities: _____

Fears: _____

Parent's Method of Discipline: _____

(note: Centre adheres to The Early Learning and Child Care (ELCC) Program)

Cultural Background/Additional Comments

PREVIOUS CHILDCARE EXPERIENCE

Has child attended childcare previously?

yes

no

Comments:

ACKNOWLEDGEMENTS & CONSENT

POLICIES & PROCEDURES MANUAL(S) - I, the undersigned, have read and understand the parent handbook and the policies and procedures manual(s) given to me at the time of my child's registration and agree to comply with the policies and procedures contained therein or as are communicated by the Centre, from time to time. I will notify the Centre immediately of any changes in information. *Parent Handbook Received: yes ___ or no ___*

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date