



# CHILD CARE REGISTRATION FORM

\*NAME OF FACILITY: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_

\*NAME OF CHILD: \_\_\_\_\_  
SURNAME GIVEN MIDDLE

NAME CHILD

RESPONDS TO: \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*SEX: \_\_\_\_\_

HAIR COLOUR: \_\_\_\_\_

EYE COLOUR: \_\_\_\_\_

## PARENT/ GUARDIAN

\*NAME: \_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EXT: \_\_\_\_\_

\*HOME ADDRESS: \_\_\_\_\_

\*PERSONAL PHONE: \_\_\_\_\_

HRS OF WORK: \_\_\_\_\_

\*POSTAL CODE: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EXT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PERSONAL PHONE: \_\_\_\_\_

HRS OF WORK: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## ALTERNATE PERSON TO CALL/PICK UP CHILD IN CASE OF EMERGENCY

\*NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

## PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

\*NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

## PERSONS NOT PERMITTED ACCESS TO CHILD

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ARE THERE CUSTODY ORDERS?

YES

NO

**IF YES, ATTACH DOCUMENTATION**

**NAMES OF OTHER CHILDREN LIVING AT HOME**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME?  
(DAY CARE, PRESCHOOL, SUNDAY SCHOOL, ETC.)**

YES

NO

IF YES, EXPLAIN: \_\_\_\_\_

WHERE? \_\_\_\_\_

DATES OF  
ATTENDANCE: \_\_\_\_\_

DO YOU THINK YOUR CHILD FEELS  
COMFORTABLE LEAVING PARENTS:

YES

NO

EXPLAIN: \_\_\_\_\_

WHAT ARE THE CHILD'S  
EATING HABIT?: \_\_\_\_\_

FAVORITE FOODS: \_\_\_\_\_

STRONG DISLIKES: \_\_\_\_\_

**MEDICAL INFORMATION**

\*WALK-IN/FAMILY DOCTOR: \_\_\_\_\_

\*PHONE: \_\_\_\_\_

\*PERSONAL HEALTH #: \_\_\_\_\_

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?

YES

NO

**IF YES, ATTACH  
DOCUMENTATION**

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: \_\_\_\_\_

HAS HE/SHE HAD ANY RECENT ILLNESS?

YES

NO

IF YES, EXPLAIN: \_\_\_\_\_

ANY ALLERGIES?:

YES

NO

ARE THEY LIFE-THREATENING?:

YES

NO

PLEASE LIST: \_\_\_\_\_

**ATTACH INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION**

DOES YOUR CHILD HAVE DIETARY RESTRICTIONS?:

YES

NO

IF YES, EXPLAIN: \_\_\_\_\_

**\*BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/ GUARDIAN**

in lieu of this form, I have attached a separate immunization record.

**First Visit - two months of age:**

Date: \_\_\_\_\_

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate
- Meningococcal C Conjugate

**Fourth Visit - 12 months of age:**

Date: \_\_\_\_\_

- Measles
- Mumps
- Rubella
- Meningococcal C Conjugate
- Varicella (Chicken Pox)

**Second Visit - two months after first visit:**

Date: \_\_\_\_\_

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate

**Fifth Visit - 12 months after third visit:**

Date: \_\_\_\_\_

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Measles, Mumps, Rubella
- Pneumococcal Conjugate

**Third Visit - two months after second visit:**

Date: \_\_\_\_\_

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate

**4 to 6 years of age:**

Date: \_\_\_\_\_

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Varicella (chicken Pox)

**Other Immunizations:** \_\_\_\_\_  
\_\_\_\_\_

**I have chosen to not vaccinate my child**

**\*I certify that all of the above information is correct.**

PARENT/GUARDIAN  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

\*I give permission for my child to participate in spontaneous field trips within walking distance of the day care or play on the playground and beach.

( ) Yes ( ) No

\_\_\_\_\_  
*Parent/Guardian Signature*

\*I give permission for my child to be picked up from the bus and escorted into the center.

( ) Yes ( ) No

\_\_\_\_\_  
*Parent/Guardian Signature*

\*I consent to photographs and recordings of my child being taken by staff for the purposes of parent-exclusive updates while attending ILM care.

( ) Yes ( ) No

\_\_\_\_\_  
*Parent/Guardian Signature*

\*I give permission for photographs and recordings of my child to be used for print/electronic publication in promoting ILM daycare services.

( ) Yes ( ) No

\_\_\_\_\_  
*Parent/Guardian Signature*

\*I give permission for my child's first name to be released to other parents within my current ILM center for the purposes of holiday cards (Christmas, Valentines Day, etc).

( ) Yes ( ) No

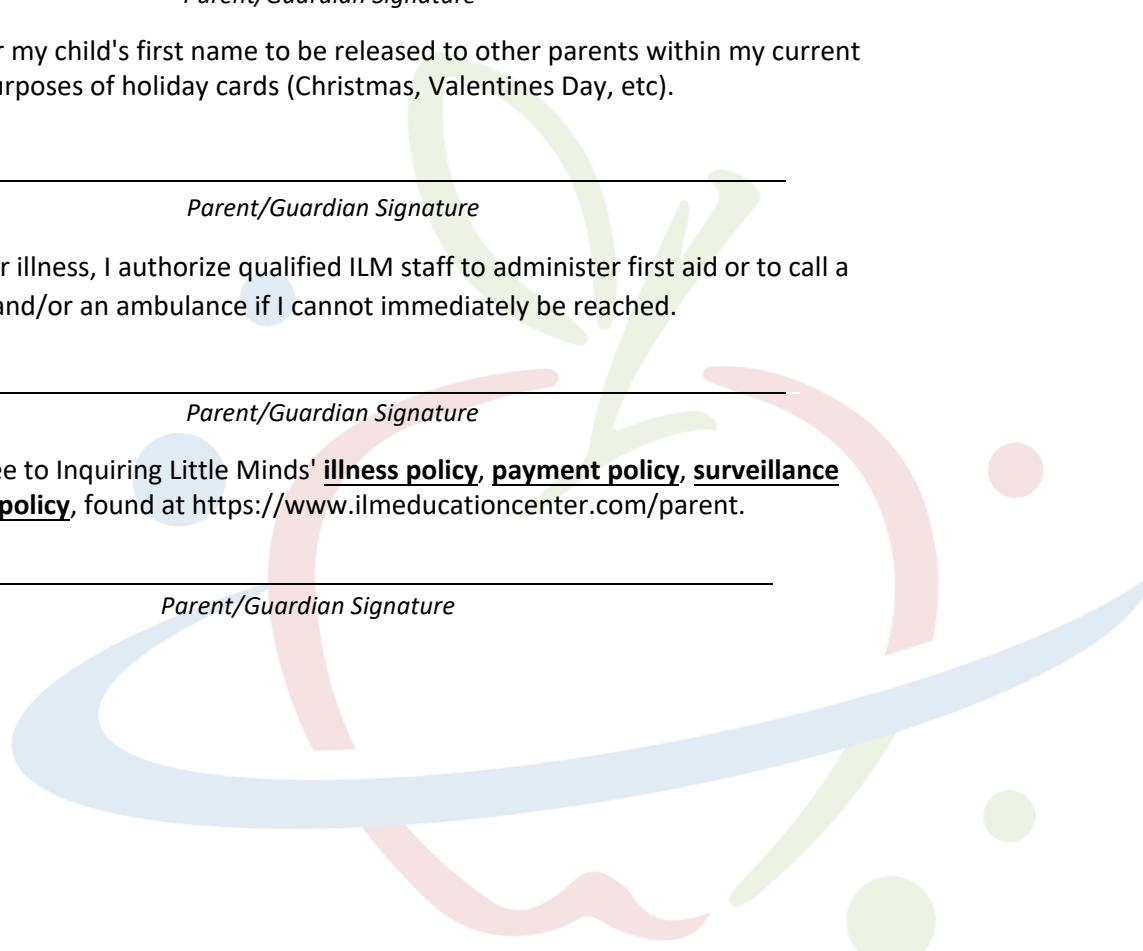
\_\_\_\_\_  
*Parent/Guardian Signature*

\*In case of accident or illness, I authorize qualified ILM staff to administer first aid or to call a medical practitioner and/or an ambulance if I cannot immediately be reached.

\_\_\_\_\_  
*Parent/Guardian Signature*

\*I have read and agree to Inquiring Little Minds' **illness policy**, **payment policy**, **surveillance policy**, and **inclusion policy**, found at <https://www.ilmeducationcenter.com/parent>.

\_\_\_\_\_  
*Parent/Guardian Signature*



## Parent/Guardian and ILM Education Center Agreement

Parents/Guardians must give notification for vacation periods or extended absences due to illness or otherwise. No refunds will be given for days missed from daycare. Parents/ Guardians must provide written notification of any changes to their personal information. The daycare reserves the right to any information that is pertinent to the child and to his/her daily routine.

Children must be signed in and out when dropped off and picked up. Only persons on the authorized list will be allowed to pick up your child from daycare. The daycare will not release a child unless notification has been given. ILM staff reserve the right to request I.D. at pick-up.

When ILM Staff notify a Parent/Guardian to pick up their child(ren), the Parent/Guardian must arrive to pick up their child(ren) within one (1) hour. Should the Parent/Guardian not arrive, ILM will call the child(ren)'s Emergency Contacts. In the event that the Parents/Guardians and Emergency Contacts do not arrive to pick up the child, ILM will contact Family Services to pick up the child(ren).

Termination of care: both parties agree to submit one month's notice on the first of the month or on month's fees will be forfeited. The management of ILM Education Center Childcare reserves the right to release or suspend a child in the best interest of the child or the daycare. Parents/ Guardians will be notified.

The daycare is closed on all statutory Holidays, Easter Monday, one week for spring break, one week in the summer, and two weeks for Christmas. Specific dates can be found in the ILM Parent Handbook

I, \_\_\_\_\_ have read, and understood the above, and agree to abide by all the Daycare's policies at all times.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
**\*Office Use Only\*** \_\_\_\_\_

I, \_\_\_\_\_  
have reviewed the above registration forms

\_\_\_\_\_  
*Caregiver signature*

\_\_\_\_\_  
*Date*

First Day of  
Attendance \_\_\_\_\_

Last day of  
Attendance \_\_\_\_\_



### Drop Off/Pick Up Schedule

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off:					
Pick Up:					
Notes					

The above will serve as my child's typical drop off/pick up schedule. I understand that if I vary from this schedule by more than 15 minutes, it is my responsibility to message the center staff via Brightwheel to inform them of the change.

As ILM adheres to strict staff to children ratios in compliance with child care licensing regulations, we may not be able to accept drop offs or pick ups outside of your regular schedule based on staffing availability.

**Please Note:** To prevent interruptions in learning, **drop off is not permitted after 10 am** unless prior arrangements have been confirmed. Non-working guardians, and clients not attending studies, have a set 3 pm pick up time (after school care excluded). Pick up after center closing will result in late pick up fees as outlined in the Parent Handbook.

Guardian Signature: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Food Permission Form

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Name of Child(ren): \_\_\_\_\_

To ensure safety standards, we are advising parents of potential food-related activities during their care with Inquiring Little Minds (ILM). Food-related activities may include: group snack, birthday and other special occasion events, and/or similar events where food could be served.

I give permission for my child(ren) to participate in group snack events where food is provided by an ILM educator.  Yes  No

ILM Educators may offer the following:

- Fruit Pouches
- Crackers (Ritz, Goldfish etc..)
- Fresh Fruit
- Fresh Vegetables
- Mott's Fruit Gummies
- Peanut butter/Jam Sandwiches
- Milk
- Timbits
- All of the above
- None of the above

I give permission for my child(ren) to participate in special occasion food events (Birthdays, Christmas, etc).  Yes  No

I can ensure that I have included all up-to-date information involving dietary restrictions and/or allergies on my child(ren)'s registration form.  Yes  No

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_