

CHILD CARE REGISTRATION FORM

(include a photo of child)

NAME OF FACILITY: **Inquiring Little Minds** DATE OF ENROLLMENT: _____

NAME OF CHILD: _____
SURNAME GIVEN MIDDLE

NAME CHILD RESPONDS TO: _____ SEX: _____

ADDRESS: _____

DATE OF BIRTH: _____ FIRST DAY OF ATTENDANCE: _____ END DATE: _____

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: _____

MEDICAL INFORMATION

FAMILY DOCTOR: _____ PHONE: _____

CARE CARD #: _____ DATE EFFECTIVE: _____

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: _____

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?
IF YES, ATTACH DOCUMENTATION

YES

NO

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: _____

HAS HE/SHE HAD ANY RECENT ILLNESS?

YES

NO

IF YES, EXPLAIN: _____

ANY ALLERGIES?

YES

NO

IF YES, PLEASE LIST: _____

IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

WHAT IS THE CHILD'S
EATING HABIT?: _____

FAVORITE FOODS: _____

STRONG DISLIKES: _____

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

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: _____

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEARBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

PARENT/GUARDIAN
 SIGNATURE: _____
 DATE: _____

CAREGIVER
 SIGNATURE: _____
 DATE: _____

Name: _____

Description: _____

*In case of accident or illness, I authorize qualified staff of ILM Education Center Child Care to administer first aid or to call an ambulance.

() Yes () No _____

Parent/Guardian Signature

*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 give permission for my child to be photographed/ video taped for classroom usage or general advertising for the daycare.

() Yes () No _____

Parent/Guardian Signature

*I have read and agree to the illness policy of the center.

() Yes () No _____

Parent/Guardian Signature

*I have read and agree to the payment policy of the center.

() Yes () No _____

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.

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.

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

Tuition Payment Plan

Please postdate cheques for the 31st of the month.

_____September _____ October _____November_____ December_____ January

_____February _____ March _____April_____ May_____ June