



Registration Form

Section #1

Child's name: _____

Age: _____ Date of Birth: _____

Guardian 1 name: _____

Address: _____

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____

Guardian 2 name: _____

Address: Check if same as above

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____

Please list any other members of the household and relationship to the child:

Emergency Contacts:

Primary emergency contact (other than parent/guardian)

Name: _____

Number: _____

Secondary emergency contact (other than parent/guardian)

Name: _____

Number: _____

Persons authorized to pick up child:

Name and Relationship: _____

Persons authorized **NOT** to pick up child:

Name and Relationship: _____

Section #2

Child Health Questionnaire

Child's name: _____

Date of Birth: _____

Health Card #: _____

Expiration Date: _____

Physician and/or clinic

Name: _____

Address _____

Telephone _____

Immunization Record

Please put them in order (1st 2nd 3rd...) and include the dates given

DTP- _____ Date: _____

HIB- _____ Date: _____

MMR- _____ Date: _____

TdP- _____ Date: _____

IB- _____ Date: _____

Other- _____ Date: _____

Does your child require any medication?

Yes No

If yes, please describe: _____

Does your child have any allergies to foods, medication or other items such as dust?

Yes No

If yes, please describe the allergy and reaction: _____

Does your Child have any Dietary or Cultural restrictions? _____

Section # 3

Development History

Does your Child have any particular attachments or habits?

_____ -

What are some of your Child's favorite activities? _____

Are there any fears your Child has demonstrated? _____

What is an ordinary day/routine for your child? Please include activities, meals, and naps.
Morning: _____

Afternoon: _____

Evening: _____

PLEASE NOTE:

- Children will be released to the parent(s) who register their children in the Centre and to those on the pick up list.
- CHILDREN WILL NOT BE NOT BE RELEASED TO ANYONE NOT LISTED ON THE FORM UNLESS THE PROVIDER IS ADVISED OF THE CHANGE OF PERSON BY A PARENT (Including taxi services)
- **It is important that parents read, complete and sign all the information and forms given before being registered in Family Matters Family Home Daycare.**

I _____ hereby recognize that the above information is factual and complete to my knowledge.

Signature: _____ Date: _____