

Little NEMO's Daycare & Out of School Care Centre
(Registration Form)

Registration Date: _____

Mother/Guardian First name: _____ Last name: _____
Full Address _____ City: _____ Postal code: _____
Occupation: _____ Home phone: _____
Employed by: _____ Work phone: _____
Work address: _____ Cell phone: _____
Email: _____ Driver's license #: _____

Father/Guardian First name: _____ Last name: _____
Full Address _____ City: _____ Postal code: _____
Occupation: _____ Home phone: _____
Employed by: _____ Work phone: _____
Work address: _____ Cell phone: _____
Email: _____ Driver's license #: _____

Child Information

First name: _____ Last name: _____
Name child prefer to be called: _____ Gender: _____
Child's Full address: _____ City: _____ Postal code: _____
Child lives with: _____ Hours of care (required): From _____ to _____
Child's first language: _____ Other language: _____
School: _____ Grade: _____
Child AHC #: _____ Date of birth: _____
Doctor's name: _____ Phone: _____
Address: _____
Allergies: _____

- List any existing or ongoing medical conditions, medication and/or special dietary needs your child may require?

- Medication name _____ Dose _____ How often _____
- Has the child had previous experience away from home? Yes () No () If yes, please explain

- Do you think your child feels comfortable leaving parents? Yes () No () If yes, explain

- List communicable diseases child has had _____
- Has your child received up to date immunization? Yes () No () if yes please provide record.
- Immunization Record provided Yes () No ()
- Are there any custody/parental orders? Yes () No () if yes please provide court papers

Emergency contacts & Authorized pick up persons (Other than parents)

1st Contact/Pick up (other than parents)

First name: _____ Last name: _____

Phone 1: _____ Phone 2: _____

Relationship to the child: _____

Full Address _____ City: _____ Postal code: _____

Able to pick up all children in the same family

Not able to pick up the following children _____

Reason _____ (Please provide court order papers, further explanation needed)

2nd Contact/Pick up (other than parents)

First name: _____ Last name: _____

Phone 1: _____ Phone 2: _____

Relationship to the child: _____

Full Address _____ City: _____ Postal code: _____

Able to pick up all children in the same family

Not able to pick up the following children _____

Reason _____ (Please provide court order papers, further explanation needed)

Additional comments & information:

List your child interests _____

Is there any other information that you would like to provide to help our staff get to know you and your family better? Please inform us of any goals you have for your child while attending the Daycare/OSC.

Signature:

By signing below, you verify that all information provided on this form is current and accurate.

Print parent's name: _____

Parent's signature: _____

Date: _____

Office Use Only

Updated _____	Updated _____	Updated _____
Updated _____	Updated _____	Updated _____

Start Date: _____

End Date: _____