

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

Registration Date: _____

Mother/Guardian

First name: _____ Last name: _____ Cell phone: _____
Date of Birth: _____ Driver's license #: _____ home phone: _____
Email: _____ Occupation: _____
Home Address _____ City: _____ Postal code: _____
Employed by: _____ Work phone: _____
Work address: _____ City: _____ Postal code: _____

Father/Guardian

First name: _____ Last name: _____ Cell phone: _____
Date of Birth: _____ Driver's license #: _____ home phone: _____
Email: _____ Occupation: _____
Home Address _____ City: _____ Postal code: _____
Employed by: _____ Work phone: _____
Work address: _____ City: _____ Postal code: _____

Child Information

First name: _____ Last name: _____ Gender: _____
School: _____ Grade: _____ Age of child: _____
Name child prefers to be called: _____ Date of birth: _____
Child's Full address: _____ City: _____ Postal code: _____
Child lives with: _____ Child's first language: _____ Other languages: _____
Child AHC #: _____ Doctor's name: _____ Phone: _____
Doctor's Address: _____ City: _____ Postal code: _____
Registration required (DC): () Full time (100+) or () Part time (50-100) Who is responsible for Parent Portions: _____
Registration required (OSC): () Full time (50-100) or () Part time (<50) Who is responsible for Parent Portions: _____
Do you receive social support () Yes, () No, If yes, choose () AISH, () Alberta Works, () Other, File Number: _____
Who will we send invoices to name and number/e-mail _____

To receive the Affordability grant, you must allow the daycare to share your personal information with the Child Care Licensing Portal, it is a secure provincial registration system. Do you give us your consent to enter your information into the Portal: Yes () or No ()

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

- 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: _____

- ____ I/We understand and give permission to daycare staff to take my child to walking Distance Park as part of the daily program plan when the weather permits. Parks shall be within 1-kilometer radius.
- ____ I/We have read and understand the daycare's policies in the parent's handbook and is aware of the menu.
- ____ I/We also agree to give a minimum of one month's **written** notice of my/our intent to withdraw my child from the daycare program as of the last day of the following month.
- ____ I/We understand and give permission to daycare staff to transport my child using the daycare van to and from close by parks and schools as per their transportation agreement.
- ____ I/We understand and give permission to daycare to enter our information into the Child Care Licensing Portal

Office Use Only

Updated _____ Updated _____ Updated _____

Start Date: _____ End Date: _____