



Child Registration Form

Child Information

Child's Name: _____ DOB: _____
Parent/guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
E-mail: _____ Work Phone: _____
Parent/guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
E-mail: _____ Work Phone: _____

Emergency Contact

Name: _____ Home Phone: _____
Relationship: _____ Cell Phone: _____
Address: _____ Work Phone: _____

Individuals authorized to pick up your child (other than persons listed above)

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Health Information:

Physician Name: _____ Phone number: _____
Address: _____ Child's AHC: _____
Allergies/Intolerances: _____
Medical Conditions: _____
Is your child's immunization up to date? Y N
Is your child on any regular medication? Y N
If yes, please list names of medication and reason for taking them below:

History of serious illnesses?

Chicken pox Y N
Measles Y N
Other:

We the parent(s) of _____ are in agreement that should any medical attention (beyond basic first aid) be required for our child, emergency services may be contacted, and that we do not hold the daycare responsible for any medical expenses.

Parent/guardian

Parent/guardian

Date

We the parent(s) of _____ are in agreement that all information provided above is accurate and up to date to the best of our knowledge.

Parent/guardian

Parent/guardian

Date

General Information

Do you have any previous experience with Daycare/Day homes? Y N

General pick up and drop off times: _____

Does your child attend school? Y N

School Name: _____

Method of Transportation: _____

Does your child require a nap? Y N

If yes, how long? _____

What helps them sleep? _____

Is your child toilet trained? Y N

What is your child's reaction to stress?

Do you use any discipline methods at home? Y N

If yes, please describe them below:

Any other information:

Permission Form

Description	Parent(s) Initials	Date
I give consent for my child to be photographed in pictures used in the center, website, advertisements, and local print media.		
I give consent for my child to be photographed in pictures used within the center only.		
I give consent for staff to require emergency services if necessary (i.e. call ambulance). I understand that the daycare is not responsible for any cost incurred in the process.		
I give consent for the daycare to share information with outside agencies (i.e. student transportation, school, government agencies, fieldtrips)		
I give consent for my child to be included in special activities where face paint may be used.		
I give consent for my child to be included in special activities where nail polish may be used.		
I give consent for my child to be included in special activities where temporary tattoos may be used.		
I give consent for staff to apply sunscreen (SPF 30+) to my child's skin before outside play/activities.		
I give consent for staff to apply bug spray to my child before outside play/activities during summer months.		
I give consent for my child to participate in regular outing where proper ratios and supervision is always maintained. (i.e. visit neighbourhood parks, library, walks)		
I give consent for my child to sleep on an individual sleeping mat during nap time. (children under 12 months are excluded from this, as they nap in cribs.)		

All about me

My name is _____

I am _____ years old

I have _____ brothers and _____ sisters.

Their name(s) and age(s)

I have a pet(s) Y N

If yes, tell us about your pet(s)

My favourite food is _____

My favourite colour is _____

My favourite toy is _____

Favourite things to do inside _____

Favourite things to do outside _____

General likes and dislikes

Any extracurricular activities?

Main language used at home _____

Please let us know any other information that you think may be relevant



Child Registration Form

We require a \$100 non-refundable administration fee for each child you register in the Salisbury Daycare and OSC Center.

We require 30 days written notice if you decide to withdraw your child from the center. If you fail to provide 30 days notice, you will be responsible for the following month's fees in full.

If you require childcare subsidy, please ensure that you have subsidy in place prior to the first day of attendance. You will be responsible for any fees not covered by subsidy after the first day of attendance at Salisbury Daycare and OSC Center.

All fees are due on the 1st of each month. If we do not receive payment by the 5th business day of each month, a \$50.00 late charge will be added to your fees.

NSF fee of \$50.00 will be applied per NSF cheque.

Your signature below indicates that you have read, understood, and agree with all statements mentioned above.

Parent/guardian

Parent/guardian

Date

Director/Owner: _____

Date of Admission: _____

Date of Discharge: _____