

Child Registration

Child Information

Registration Date: _____

Child Information			
First Name:		Last Name:	
Preferred Nickname:			
Age at Registration:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	Full Address:

Child's Physician Information		
Full Name:	Phone:	Address:

Existing medical conditions, medications and/or special attention your child may require (e.g. allergies)

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

Primary Guardians Information

Name(s) of person(s) with whom child is living

1st Primary Guardian				
Last Name		First Name		M.I.
Relationship to Child				
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
2nd Primary Guardian				
Last Name		First Name		M.I.
Relationship to Child				
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Guardian Contact Information				
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:
Home Resident Street Address		Apt #	City	Postal Code
Mailing Address (if different than above)		Apt #	City	Postal Code

Secondary Guardians Information (if applicable)

Non-primary custodial parent

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [] Yes [] No	
Second Household Mailing Address		Apt #	City	Province	Postal Code

Additional Comments & Information: _____

Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	[] Able to pick up all children in the family		
2nd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	[] Able to pick up all children in the family		
3rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	[] Able to pick up all children in the family		

Consent to Receive Medical Emergency, First Aid, CPR, and Non-Emergency Attention

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance if we are unable to provide the appropriate medical attention/first aid at our facility.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre in the event of such situation.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment from Castleridge Daycare, its staff, and/or from the local emergency medical centre without the presence of a parent or legal guardian.

Parent / Guardian Name

Parent / Guardian Signature

Date

Additional Comments and Information

Is there is any other information that that would be helpful to our management and primary staff?

Fees and Payment

Payable to Castleridge Daycare

Total Fee Amount: _____/month

Signature of Parent / Guardian

Parent / Guardian Name

Parent / Guardian Signature

Date

Signature of Director

Director Signature

Director Signature

Date