

WEST KILDONAN TINY TOTS CHILD REGISTRATION FORM

Child's LEGAL name:		Family Health Number:	
Name commonly known as:		Personal Health Number:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Doctor's Name:	
Languages known/spoken:		Doctor's Phone Number:	

Mother/Guardian

Father/Guardian

Name:		Name:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Cell:	<input type="checkbox"/> Text?	Cell:	<input type="checkbox"/> Text?
Home Email:		Home Email:	
Work/School Name:		Work/School Name:	
Work/School Address:		Work/School Address:	
Work/School Phone:		Work/School Phone:	
Work/School Email:		Work/School Email:	

Emergency Contacts

Please designate two people we can contact and release your child to in case of illness or an emergency if you are not available.

Name:		Name:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Cell:	<input type="checkbox"/> Text?	Cell:	<input type="checkbox"/> Text?
Home Email:		Home Email:	
Work/School Name:		Work/School Name:	
Work/School Address:		Work/School Address:	
Work/School Phone:		Work/School Phone:	

List other people who have permission to pick up your child from the childcare facility

Living and Custody Arrangements

Child lives with: ☐ Mother ☐ Father ☐ Both ☐ Other Describe:

If applicable, are there any Separation Agreements, court orders or other documents setting out custody arrangements for the child? ☐ Yes ☐ No

Have copies been provided to West Kildonan Tiny Tots? ☐ Yes ☐ No
☐ Will be provided ☐ Will not be provided

Are you aware that West Kildonan Tiny Tots cannot ask the police to enforce custody arrangements if documents are not provided? ☐ Yes ☐ No

Toilet Learning

Please check all that apply to your child's present stage:

<input type="checkbox"/> completely capable of using the toilet	<input type="checkbox"/> asks to use the toilet
<input type="checkbox"/> in pull-ups	<input type="checkbox"/> will use the toilet if taken
<input type="checkbox"/> in underwear during the day	<input type="checkbox"/> will not use the toilet yet

Describe any physical, developmental, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs.

Does your child have allergies to food, animals, medication etc.? ☐ Yes ☐ No

If yes, please describe:

Are the allergies life-threatening (anaphylaxis)? ☐ Yes ☐ No

If yes, please describe:

Are there any cultural, religious or personal requirements or restrictions that we should be aware of? ☐ Yes ☐ No

If yes, please describe:

Is there any other information that may help us facilitate your child's transition into the preschool program? (special interests, specific likes/dislikes, major changes within the family, etc.)

WRITTEN PERMISSION
Parent Policy Manual Available at Orientation

Emergency Medical Transportation and Treatment

☐ If at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize West Kildonan Tiny Tots to take whatever emergency measures deemed necessary for the protection of my child while in the care of the childcare facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

☐ I have read the parent policy manual. I understand and agree to abide by these policies.

☐ I have read the code of conduct. I understand and agree to abide by the code of conduct.

☐ I will notify the facility immediately of any change to the information provided on this form.

☐ I give permission for outings (not requiring transportation in private or public vehicle).

☐ I give permission for photographing and videotaping for purposes described in the parent manual.

Date:

Date:

Parent Name (please print):

Parent Name (please print):

Signature:

Signature:

CHOICE OF CLASS:

M/W/F am

M/W/F pm

T/TH am

T/TH pm