

CAMROSE CHILDREN'S CENTRE FAMILY DAY HOME PROGRAM - CHILDCARE REGISTRATION FORM

Child's LEGAL Surname	First Name	Middle Name	
Child's Preferred Name	Date of Birth	Sex	
Mother's Name	Father's Name		
Address (civic or legal land description, postal code)	Address (civic or legal land description, postal code)		
Mailing address, postal code)	Mailing address, postal code)		
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer, work address	Employer, work address		
Work Phone	Work Phone		
Email Address	Email Address		

Names and ages of other children in the family: _____

With whom does the child reside with: Mother _____ Father _____ Both _____

Please list two people who can be contacted IN AN EMERGENCY if the parents cannot be reached

#1
Name & Relationship: _____
Phone number, Cell number: _____
Address (civic or legal land description, postal code): _____

#2
Name & Relationship: _____
Phone number, Cell number: _____
Address (civic or legal land description, postal code): _____

To whom child may be released to: Print Name, Tel # of each Person: _____

HEALTH RECORD

Alberta Health Care Number _____

Child's Physician: _____ Office Phone _____

Office Address: _____ Is Immunization Up to date? _____

Ethnic Background: _____

History of Illness:

Please describe your child's former or current medical history: _____

TRANSPORTATION RELEASE

I hereby give permission for my child to be transported in the Program Educator's private vehicle. The Program Educator will maintain child restraints appropriate to the ages/weights/heights of the children and that these restraints will be installed to manufacture's instructions. The Provider will comply with all rules of the road while transporting the child/children. For all trips, Program Educators will give prior notification to the parent or guardian.

(____) Check and Initial _____

CHILDCARE FEE PAYMENT OBLIGATION:

The following person(s) are responsible for the payment of these childcare expenses.
The information is for collection use only and not for public knowledge, and is kept secure.

Print Name _____ S.I.N. _____
Birth Date: _____

Print Name _____ S.I.N. _____
Birth Date: _____

EMERGENCY CARE RELEASE

If an emergency should occur, medical attention will be accessed immediately, if deemed necessary by the Program Educator. The parent will be notified as soon as possible after the incident.

I, the parent, give permission to the attending Physician to treat my child for illness or injury as is necessary under these circumstances.

This release will be in effect from date below until termination of enrollment.

Parent's Name - Please print

Director's Name - Please Print

Parent Signature

Director's Signature

Date of Registration

Date Services Begin

Provider Assigned

Date Services Terminated

Information collected on these forms is subject to the Freedom of Information and Protection of Privacy Act.
The information will be used solely for the purpose of the Camrose Children's Centre programs.

WHAT MY CHILD WOULD LIKE YOU TO ABOUT THEM

Dear Parents,

It's important to our childcare providers to know your child and what is unique about them. needs, likes, and dislikes are, making each child feel as comfortable as possible in the childcare environment.

We respect that every child is different. Our childcare providers would like to know what your child's individual

My Name is _____ and I am _____ years old.

I nap at _____ and I prefer to sleep in a bed _____, crib _____.

I like to sleep with a special _____. I AM/AM NOT toilet trained.

I really like to eat _____.

Food I think is yucky _____.

Please don't give me _____ or I will get very sick.

I use a bottle _____, spoon _____, cup _____ when I eat.

I LIKE: (please circle and add other likes)

BOOKS	MUSIC	ANIMALS	PEOPLE	CRAFTS	MOVIE
LOTS OF CHILDREN AROUND ME			JUST A FEW CHILDREN AROUND ME		
	PLAYING OUTSIDE		GOING FOR WALKS		

I don't really enjoy _____.

I am scared of _____.

I like to play with _____.

My family and I enjoy these kinds of activities, hobbies, traditions and ethnic traditions, etc.:

_____.

My family includes: (siblings, aunts, grandparents, etc.)

_____.

My family pets include: _____.

Being away from Mom and Dad/Guardians is **DIFFICULT/NOT DIFFICULT** for me, in a new environment.

I have my own special words for things that you should know: (e.g. Papa for Grandpa)

_____.

If I'm angry I will probably let you know by: _____.

If I'm sad: _____.

If I'm tired: _____.

If I'm feeling sick: _____.

I might occasionally need to be reminded about rules: Mom/Dad/Guardians **USE/DON'T USE:** time outs/
re-direction

Dear Child,

Thanks for sharing this very important information about yourself. When you're all grown up, you'll probably enjoy knowing what a really neat child you were!