



Adelfiha's Childcare Centre

Registration Form

Child's Name _____ Date of Birth _____
First Last Month Day Year

Home Address _____
Street City Province Postal Code Home Phone number

Health Card Number (optional) _____ Expiry date _____

Mother/Guardian Name _____ Address _____ Marital Status _____

Employer/School _____
Name Address

Home Phone _____ Business/School Phone _____ Cell Phone _____

Father/Guardian Name _____ Address _____ Marital Status _____

Employer/School _____
Name Address

Home Phone _____ Business/School Phone _____ Cell Phone _____

Child's Doctor _____ Phone _____

Address _____
Street City Province Postal Code

Special Diet: yes/no _____

Allergies: _____

Medication: _____

Immunization Record: (Please provide a copy)

History of communicable diseases: _____

OFFICE USE ONLY

Enrollment Date _____ **Withdrawal Date** _____

Program Enrolled _____ **Days/Hours** _____

Registration Fee _____ **Deposit Amount** _____ **Cheque/Cash** _____

Emergency Contacts & Authorized Pickup Persons: (Must be over 18 yrs of age)

1st Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

2nd Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Parental Consent

In the event of an emergency or when prior arrangements have been made, I hereby consent the contacts listed above to pick up my child(ren) from Adelfiha's Childcare.

Parent/Guardian Signature: _____ Date: _____

Field Trip Permission

As part of our program, from time to time, the staff may find it appropriate to take the children for a walk in the local neighbourhood to nearby parks. Because these walks are often spontaneous, we are subject to existing weather conditions and advance notice is not always possible. Your signature indicates your approval of your child's participation in these adventures. On the occasion Adelfiha's Childcare leaves the centre on a field trip, a permission form will be issued with prior notice.

Parent / Guardian Signature: _____ Date: _____

Photograph Release

Throughout the year the staff at Adelfiha's Childcare will be taking pictures of the children involved in many activities. These pictures will remain at the centre and/or may be sent home with the child.

Yes ___ I give permission for my child to be photographed and his/her pictures to be posted in the daycare.

No ___ I do not give permission for my child to be photographed and his/her pictures to be posted in the daycare.

Parent/ Guardian Signature: _____ Date: _____

Emergency Medical Consent

Emergency Medical treatment may be given to my child due to accident, illness, or other emergency. I hereby give permission that in case of any emergency, if I am not immediately available, emergency transportation to the nearest hospital will be arranged by a staff member through 911.

Parent/ Guardian Signature: _____ Date: _____