**LAUGH AND LEARN**

**REGISTRATION FORM**

**Child’s Name: Child’s Age:**

**Home Phone Number: Birth date: / /**

 **Month/ Day /Year**

**Child’s Sex: M / F**

**Days of Care Required: (Circle)**

Mon Tues Wed Thurs Fri

Hours of Care Required:

**Mothers/Guardian Name Fathers/Guardian Name**

Home Address Home Address

Postal Code: Postal Code:

Email: Email:

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Place of Employment: Place of Employment:

Work Phone: Work Phone:

**Emergency Contacts:**

Name: Name:

Relationship: Relationship:

Phone Number: Phone Number:

**Emergency Information:**

Care Card#: Allergies:

Family Doctor:

Doctor’s Phone #: Illnesses:

Dentist’s Name:

Dentist’s Phone #: Medications:

**Person’s Authorized to pick up your child: (other than 2 parents)**

Name: Relationship: Phone:

Name: Relationship: Phone:

Name: Relationship: Phone:

**Custody or Court Ordered restricted access to child:**

Name:

Relationship to child:

**IMPORTANT: If no custody agreement is provided to us, we cannot deny access to either parent.**

**CHILDS IMMUNIZATION STATUS** (please provide dates of most recent shots or a photocopy of your child’s immunization record must accompany this registration.)

Diphtheria/Pertussis/Tetanus

Poliomyelitis

HIB (Meningitis)

Measles/Mumps/Rubella

Please indicate where original records may be found:

**To the best of my knowledge, my childs immunization status is:**

**Complete Incomplete**

**Parent’s Initials:**

**INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD AND INCLUDE DATE(S):**

1. Please describe any concerns/issues regarding your child’s health (seizures, asthma, vision, hearing, etc.)
2. Please describe any concerns you may have regarding your child’s development [i.e., behaviour, vision, hearing, speech, language, mobility, etc.]:
3. Describe any specific care instruction regarding a) and/or b):

**Group Experiences**

WHAT IS/ARE YOUR CHILD’S FAVOURITE TOY(S)/ACTIVITIES:

HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCE? YES / NO

IF YES, HOW DID HE/SHE ADAPT?

HOW DOES YOUR CHILD BEHAVE TOWARD OTHER CHILDREN [E.G., SEEKS OTHERS OUT, FEELS SHY]:

**Emotional**

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND/OR IN UNFAMILIAR SITUATIONS?

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE:

WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP STAFF MAKE YOUR CHILD’S TRANSITION INTO THIS PROGRAM EASIER?

**Family and General Household Information**

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD’S LIFE [E.G., SIBLINGS, GRANDPARENTS, ETC.]:

PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME:

PRIMARY LANGUAGE SPOKEN IN THE HOME: OTHER LANGUAGES:

NAME OF ENGLISH SPEAKING PERSON [IF NEEDED]: PHONE:

**Eating and Nutrition**

LIST YOUR CHILD’S FAVOURITE FOOD:

LIST ANY DISLIKED FOOD:

PLEASE DESCRIBE ANY PARTICULAR EATING PATTERNS:

ARE THERE ANY RELIGIOUS OR ETHNIC OBSERVANCES RELATED TO FOODS:

**Sleeping**

NAP TIME: HOW LONG TO SETTLE/ TIME OF WAKING:

BEDTIME: HOW LONG TO SETTLE/ TIME OF WAKING:

IS YOUR CHILD A DEEP SLEEPER, OR DOES (S)HE AWAKEN EASILY?

DOES YOUR CHILD TAKE A FAVOURITE COMFORTER [E.G., BLANKET OR TOY] TO BED? YES / NO

IF YES, PLEASE DESCRIBE AND TELL US IF IT IS “NAMED”:

WHAT IS YOUR CHILD’S MOOD UPON WAKENING?

**Toileting**

IS YOUR CHILD TOILET TRAINED? **YES / NO / PARTIALLY**

PLEASE INDICATE YOUR CHILD’S FREQUENCY OR PATTERNS FOR BOWEL MOVEMENTS:

DESCRIBE ASSISTANCE NEEDED FOR TOILETING:

WHAT “SPECIAL” WORD DOES YOUR CHILD USE FOR:URINATION: BOWEL MOVEMENTS

* **A non-refundable $50 registration fee is due with registration.**
* **A minimum 1 months notice is required when withdrawing your child(ren) from the daycare.**
* **I have received, read and understand the policies & procedures outlined in the Parent Handbook and agree to the terms. I have given my registration fee and first months deposit for my child’s spot.**

**Parents Signature: Date:**

**Supervisor’s Signature: Date:**

**Centre use only (please do not complete)**

**Registration Date: Start Date:**

**Fee: Date of Withdrawal**:

**Field Trip Consent**

This serves as a blanket consent form for the outings in the immediate neighborhood of the centre. All trips are carefully organized and fully staffed. Some trips shall be impromptu in nature, but will not conflict with the scheduled arrival of parents. Children will walk on foot, or be transported by vehicle.

With some field trips there may be associated costs involved and parents will be given adequate notice. The centre is not responsible for children who arrive late for a prescheduled trip when prior, clear notification has been given.

My child, , has my permission to go on local field trips within the community as planned by the Laugh and Learn staff.

**Date: Parents Signature:**

**Emergency Treatment Authorization**

If your child becomes ill or has an accident while attending our program, we will immediately inform you. If you are unavailable we will contact your designated emergency contact. In the rare event that you or your designated contact is not available, and if the staff deems it necessary, your child will be transported to the nearest hospital emergency department. Please sign below to authorize the staff to approve emergency treatment for your child that is recommended by the medical personnel.

**I hereby authorize the staff of Laugh and Learn Daycare to access and approve emergency treatment at the hospital for my child, , if we have not arrived.**

**Date: Parents Signature:**

**Consent for Pictures**

I, the undersigned parent or guardian, of the child, authorizes my child to be photographed while attending Laugh and Learn Daycare. Photographs will be of children playing and interacting in the program and will be used for in their files and group art projects. They will not be used commercially unless other written consent is provided.

**Date: Parents Signature:**

**Application of Sunscreen, lotions and Salves**

I, the undersigned parent or guardian, authorizes the Laugh and Learn staff to apply sunscreen, lotions or salves to my child when needed.

**Date: Parents Signature:**

**EMERGENCY CONSENT CARD**

NAME OF FACILITY:

CHILDS NAME: BIRTHDATE:

 YEAR/MONTH/DAY

ADDRESS:

MOTHERS NAME: CHILD LIVES WITH:

WORK PHONE: HOME PHONE:

FATHERS NAME:

WORK PHONE: HOME PHONE:

EMERGENCY CONTACT: PHONE:

CHILDS M.D.: PHONE:

1)ALLERGIES:

2)MEDICATIONS:

CHILDS DENTIST: PHONE:

CARE CARD#: DATE EFFECTIVE:

**CONSENT FORM**

1) It is the policy of this centre 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 take the child to the nearest emergency service.

2) Please sign the consent below so that we can take appropriate action on behalf of your

 child. Return the signed consent to the centre immediately. We will take this consent

 with us to the emergency centre.

3) I hereby give consent for my child when ill to be taken

 To the nearest emergency centre by the Care Facility Staff when I cannot be contacted.

4) I hereby give consent for my child to receive medical

 treatment.

 SIGNATURE OF PARENT/GUARDIAN

 PHOTO

 WITNESS

 DATE

 YEAR/MONTH/DAY