



**REGISTRATION PACKET**



## REGISTRATION FORM

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**For office use only:**

Date of Enrollment: \_\_\_\_\_

**Personal Information**

Full Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Name Child Responds To: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

**Persons Authorized to Pick up Child (other than parents listed above)**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



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Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

### Emergency Contact (other than parents listed above)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

### Persons NOT Authorized to Pick Up Your Child

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

**\*Please note:** If there is a Custody Agreement, please give details below. A copy of the custody order must be left with the centre's manager.

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### Emergency Health Information

Doctor's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Care Card Number: \_\_\_\_\_

Dentist's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent for Emergency Care

I \_\_\_\_\_ authorize the staff of Little Treasures Daycare to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Information (Please attach a separate sheet if necessary)

1) Regular medication (s) and reasons for (please list): \_\_\_\_\_

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2) Allergies/Reactions and treatment (please list): \_\_\_\_\_

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3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

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4) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

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5) Please list any specific care instructions regarding #1-4: \_\_\_\_\_

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6) Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) : \_\_\_\_\_

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### Group Experiences

1) Has your child had previous Daycare experiences? If yes, how did he/she adapt?

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2) What is/are your child's favorite toys/activities? \_\_\_\_\_

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3) How does your child behave around other children (seeks others out, feels shy, etc)?

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### Emotional

1) How does your child react when left with unfamiliar people and/or in unfamiliar situations? \_\_\_\_\_

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2) What suggestions do you have that would help staff ease your child's transition into the program? \_\_\_\_\_

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### Family Information

1) Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc): \_\_\_\_\_

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2) Primary language spoken at home: \_\_\_\_\_

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3) Other languages spoken at home: \_\_\_\_\_

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## PERMISSION TO ESCORT CHILD TO BRIGHTON HALL CAMPUS

I, the undersigned, hereby grant permission for the staff of Brighton Hall After School Care to escort my child, \_\_\_\_\_(child's name), from their school, \_\_\_\_\_ (name of school) to Brighton Hall's campus.

I understand that the Brighton Hall After School Care staff will take all necessary precautions to ensure the safety and well-being of my child during this transition. I acknowledge that the staff members are trained to handle such activities and will follow all safety protocols as established by the daycare and the school.

By signing the below, I confirm that I have read, understood, and agree to this arrangement.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_