



REGISTRATION FORM

For office use only:

Date of Enrollment: ___ / ___ / ___

Date of Resignation: ___ / ___ / ___

Child Information

Child First Name _____ Child Last Name _____

Name Child Responds To _____ Date of Birth _____ Gender _____

Address _____

Parent/Guardian Information

PARENT #1

PARENT #2

Full Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Work/School Location _____

Work/School Phone _____

Occupation _____

Who does the child live with? Parent #1 Parent #2 Legal Guardian

If Guardian, please state name and relationship to child _____



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

Adult 1

First Name _____ Last Name _____

Phone # _____ Relationship to Child _____

Adult 2

First Name _____ Last Name _____

Phone # _____ Relationship to Child _____

Emergency Contacts (Living in Edmonton, Other than Parents)

Contact 1 _____ Relationship _____

Address _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact 2 _____ Relationship _____

Address _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Persons NOT Authorized to Pick up your Child

First Name _____ Last Name _____

Phone # _____ Relationship to Child _____

*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. _____



REGISTRATION FORM

Emergency Health Information

Doctor's Name/Clinic: _____ Phone Number: _____

Address: _____

Child's Alberta Health Number: _____

Consent for Emergency Care :

I _____ authorize the staff of La Petite Academy Childcare Centre to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Parent/Guardian Signature: _____ Date: _____

Toileting & Napping

Is your child toilet trained? Yes No Does your child nap? Yes No

Diaper required during nap time? Yes No

To accommodate parents of children who are not potty trained, La Petite Academy Childcare Centre offer the option of providing diapers and wipes for a \$45.00/month fee,

*Please note that the Centre uses two (2) brands of diapers and wipes for all children. Allergies and skin sensitivities require parents to provide diapers and wipes for their child.)

Please choose one brand for diapers and one for wipes

Diapers: Pampers Huggies

Wipes: Pampers Huggies



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Administration of Rash cream :

I, _____ give permission to the Centre to
administrate diaper rash cream, as needed.

Parent/Guardian

Date

*Parents are required to provide the irritation cream of their choice.



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Medical Information

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

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

3) Dietary Restrictions

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

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

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) :

Group Experiences

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

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

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

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?

Family Information

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

2) Primary language spoken at home: _____

3) Other languages spoken at home: _____

Signature of Parent Providing Information

Parent/Guardian Signature

Date

*Please Note: Alberta Health Authority & Licensing Staff may review this information as per legislation.



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Photo Documentation Consent

Documenting the Centre's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only.

I, _____ understand that photos of my child may be taken as he/she takes part in the daily activities at the daycare. I give the staff of La Petite Academy Childcare Centre permission to take photos and display in the classroom.

Parent/Guardian Signature

Date

Facebook Photo Documentation Consent

La Petite Academy Childcare Centre has its own Facebook page. This page is a place to communicate, see updates on the daycare, view pictures of your child's day, and for people to see firsthand what La Petite Academy Childcare Centre is all about. To post any photos La Petite Academy Childcare Centre needs your written consent to do so. Please fill out the appropriate section below.

I, _____ give La Petite Academy Childcare Centre permission to post photos of my child, _____, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

Parent/Guardian Signature

Date

OR

I, _____ do not give La Petite Academy Childcare Centre permission to post photos of my child, _____, on their Facebook page.



REGISTRATION FORM

Outdoor Activities Participation

I, _____ give consent to my child _____
to leave the Centre location and participate in walks around **La Petite Academy Childcare Centre**.

Parent/Guardian Signature

Date