

**PORTLAND DAYCARE CENTRE**  
**Registration Form**

ADMISSION DATE: \_\_\_\_\_ DAYS ATTENDING: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Child's living arrangements: \_\_\_\_\_

\*\*\*\*\*

**Parental/Guardian Consent:**

Who, other than the child's parents, has permission to pick the child up from the Centre?

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

I am willing for my child \_\_\_\_\_ to go on outside expeditions with adequate adult supervision.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\*\*\*\*\*

I am willing for my child \_\_\_\_\_ to receive medical attention, and be taken to the hospital in the case of an emergency, if I/we cannot be reached.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\*\*\*\*\*

I am willing to allow my child \_\_\_\_\_ to be photographed participating in the programs offered by Portland Daycare Centre for the purpose of display within the classrooms, or publication in local newspapers and on the centre website.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

## CHILD'S HEALTH QUESTIONNAIRE

*To be completed by the parent/guardian (s)*

Name of Child: \_\_\_\_\_ Date completed: \_\_\_\_\_

Provincial Health Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### **In Case of Emergency**

Adult to contact if you cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (W): \_\_\_\_\_ (H): \_\_\_\_\_ (Cell): \_\_\_\_\_

### **Physician and/or clinic**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

IMMUNIZATION RECORD - Please provide dates D/M/Y	
DPTP-Diphtheria, Pertussis (Whipping Cough) Tetanus (Lockjaw), Polio & Hib	MMR - Measles (red), Mumps, Rubella (German Measles)
1 <sup>st</sup> (2mo) day ____ month ____ year	1 <sup>st</sup> (12-15 mo) day ____ month ____ year
2 <sup>nd</sup> (4 mo) day ____ month ____ year	2 <sup>nd</sup> (5 yr) day ____ month ____ year
3 <sup>rd</sup> ( 6 mo) day ____ month ____ year	OTHER (optional)
4 <sup>th</sup> (18 mo) day ____ month ____ year	<b>Varicella: (Chicken Pox Vaccine)</b> day ____ month ____ year
<b>DPTP (booster) 4-6 yr</b> day ____ month ____ year	<b>Hepatitis "B" 3 Doses</b> 1 <sup>st</sup> day ____ month ____ year 2 <sup>nd</sup> day ____ month ____ year 3 <sup>rd</sup> day ____ month ____ year

### **Dentist and/or clinic**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Background Information**

Please list the other children in the household. First name (last name if different)

1. _____	Age _____	3. _____	Age _____
2. _____	Age _____	4. _____	Age _____

Language (s) spoken at home:

Has your child been in a child care arrangement before? Yes \_\_\_\_ No \_\_\_\_

If so please describe the child’s experience:

**Health and Developmental History**

Describe any difficulties or serious illnesses at birth, if any:

Describe your child’s general health (e.g. recurrent colds, ear infections, stomach-aches, etc.):

Are there presently any serious medical problems? Yes \_\_\_\_ No \_\_\_\_

Is your child taking any medication? Please list all medications

Name of Medication	Dosage	Condition being treated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been to a dentist? Yes \_\_\_\_ No \_\_\_\_

Does your child have any dental problems?

Describe how your child communicates:

---

How would you describe your child's emotional, physical and social growth, and development to this point?

Describe your child's diet (include types of food and fluids he/she is now taking):

Fluids/Beverages:

Food:

Food Allergies:

Does your child have any allergies to food or medications or contact allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

Is the allergy severe enough to require medications or emergency treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe and detail any medications required:

Has your child eaten peanut butter at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any dietary restrictions (cultural, religious):

Describe any particular concerns you have about your child's diet and/or eating habits:

Describe your child's sleeping habits and routine:

How frequently does your child have a bowel movement?

How far has your child progressed in toilet learning, if applicable?

### **Behavior Patterns and Habits**

Describe your child's behavior and habits (e.g. temperament, energy level):

Describe an ordinary day in your child's life, from getting up in the morning to going to bed, including the times for naps, meals and play, interests, activities, etc.

*Morning:*

*Afternoon:*

*Evening:*

Describe your child's particular attachments (e.g. toy, blanket, pet, person) and any particular habits (e.g. thumb-sucking, rocking):

Describe any particular fears your child has shown (e.g. to animals, loud noises, strangers):

Describe how your child reacts to stressful situations (e.g. cries, withdraws, has tantrums, nightmares):

How does your child usually react to new situations?

We would appreciate your views on guiding your child's behavior and setting limits:

Is there anything else that you would like to tell us about your child to help us to provide good care?

**Adapted from: Well Beings, A Guide to Promote the Physical Health, Safety and Emotional Well-Being of children in child Care Centres and Family Day Care Homes - Second Edition (A project of the Canadian Paediatric Society)**

**Parent/Guardian's Signature:** \_\_\_\_\_

## Parent Handbook and Behavior Policy Agreement

I have read Portland Daycare Centre's Parent Handbook concerning the policies and procedures of the Early Childhood Programs of Portland Daycare Centre.

I understand and agree to abide by these policies and procedures

Signatures

Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

I have been informed of the Behavior Guidance Policy of Portland Daycare Centre and have had the opportunity to ask questions relating to the policy.

Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

To be completed upon termination of registration:

Date of Withdrawal:

Reason for Withdrawal: