

# Child Information & Registration Form

## Registration:

Child's Name \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Mailing Address- Box # \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone # \_\_\_\_\_

Medical # \_\_\_\_\_ Family Doctor \_\_\_\_\_ and

Phone # \_\_\_\_\_

### Parents Info:

Parents/ Guardian \_\_\_\_\_ Parents/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Phone #(h) \_\_\_\_\_ Phone #(h) \_\_\_\_\_

Phone #(w) \_\_\_\_\_ Phone#(w) \_\_\_\_\_

### Emergency contacts:

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

Phone#(h) \_\_\_\_\_ Phone (w) \_\_\_\_\_

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

Phone#(h) \_\_\_\_\_ Phone#(w) \_\_\_\_\_

### Medical Info:

Are your child's immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

(bugs bite/ animals/ food

If yes, please give

details) \_\_\_\_\_

Does your child receive daily medications? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, Please give details \_\_\_\_\_

### General Info:

What type of childcare do you require? Fulltime \_\_\_\_\_

Please specify if P-T \_\_\_\_\_ Part-time \_\_\_\_\_

Who has permission to pick up your child?

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian signature

## Child Information Record

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

Name of Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Medical Number: \_\_\_\_\_

Custodial Parent or Guardian's Name \_\_\_\_\_

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

Phone Numbers:	Mother:	Home: _____	Work: _____
	Father	Home _____	Work _____
	Guardian:	Home _____	work; _____

Family Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

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

Person to contact in an Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? Please explain: \_\_\_\_\_

Any special Medical consideration (drug reaction, special diets, etc.)? \_\_\_\_\_

Past illness, injuries and / or Behavior Problems you might be aware of: \_\_\_\_\_

Immunization Status of Child (Polio, pertussis, Rubella, Diphtheria, German measles Tetanus): \_\_\_\_\_

What type of positive Guidance Have you found most effective for your child?: \_\_\_\_\_

Anything else that might be helpful for us to know? \_\_\_\_\_

Does your children take naps? Yes\_\_\_ No\_\_\_\_\_

If yes, does your child's usual sleeping habits (Time, needs teddy bear, water bottle)

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Please describe your child's usual sleeping habits (time, needs teddy)

Are there many aspects of your culture or religion that our staff should know about?

Self Help:

Does your child dress and undress his/ her self? Yes \_\_\_ No\_\_\_

Is your child toilet trained? Yes\_\_\_ No\_\_\_\_\_

Does your child require assistance in the washroom? Yes\_\_\_ No\_\_\_

Can your child feed him/ her self? Yes\_\_\_ No\_\_\_\_\_

# Policy Agreement

*Between Bambinos Bilingual Montessori Daycare and Parents /Guardian*

By signing this agreement you certify that you read Parent Handbook in its entirety, and agree to abide by our Daycare policies as outline.

This agreement must be signed and on file before your child's enrolment is finalized. There is one month trial period for children, to ensure that the Daycare program meets the needs of the individuals first. We reserve the right to refuse service.

I \_\_\_\_\_ have read the parent handbook. Understand the policies and agree to abide by them.

\_\_\_\_\_  
Parent/ Legal Guardian Signature

Date\_\_\_\_\_

## Parental Consent

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Bambinos Bilingual Montessori Daycare.

I hereby Grant permission for my child to be taken on field trips by the Bambinos Bilingual Montessori Daycare Montessori Daycare Staff, I understand that the trips may be on foot or City Bus.

I hereby grand permission for my child to be photographed at the Daycare or on field trips.

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Parent Signature

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Operator Witnessing Signature

OUTDOOR ACTIVITIES PERMISSION

I \_\_\_\_\_ give my permission to Bambini's Bilingual  
Montessori Daycare Staff, to take my child, \_\_\_\_\_  
to the playground Ship Yard. Park and other the local  
area.

\_\_\_\_\_

Parent/Guardian Signature.

Date \_\_\_\_\_

Centre Director \_\_\_\_\_

## Parental Consent for Emergency Care Transportation

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

If any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child Care staff to take whatever emergency measure they deem necessary for the protection of my child.

I understand this may involve calling a physician or nurse, carrying out the instruction given and / or transporting my child to a hospital or nursing, station, including the possible use of an emergency vehicle.

I understand that this may be done priori to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

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Parent Signature

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Centre Director / Day Care Operator Signature

## Consent to Dispense Medication

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible side effect:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of medication to be administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date to be administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Parent consent (printed name): \_\_\_\_\_

Parent consent (signature): \_\_\_\_\_

### Medication Dispensed

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

Time: \_\_\_\_\_

Amount: \_\_\_\_\_

Staff signature: \_\_\_\_\_