



OFFICE USE ONLY:	
Registration fee paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Admission Date: _____	
Emergency sheet <input type="checkbox"/> Sage <input type="checkbox"/>	
Withdrawal Date: _____	

Please return this form with a \$25 registration fee per child. Cheques are to be made payable to Play 2 Learn Day Care inc.

Child's Legal Name: _____	Date of Birth: _____
Home Address: _____	
Mailing Address: _____	
Home Phone: _____	Health Card#: _____
Mother's Name: _____	Work Phone#: _____
Cell Phone#: _____	E-mail: _____
Home address (if different from Child): _____	
Father's Name: _____	Work Phone#: _____
Cell Phone#: _____	E-mail: _____
Home address (if different from Child): _____	

REGISTERING IN:

Single Child Family

- Part Time Program: Mon. Tues. Wed. Thurs. Fri. - \$40/day
- Fulltime Program Monday to Friday - \$750/month

Multiple Children Family

- Part Time Program: Mon. Tues. Wed. Thurs. Fri. - \$38/day/Child
- Fulltime Program Monday to Friday - \$650/month/Child

Infant 18 months and younger

- Part Time Program: Mon. Tues. Wed. Thurs. Fri. - \$42/day/Child
- Fulltime Program Monday to Friday - \$825/month/Child

Drop off time: _____ Pick Up Time: _____

Please note that without notice there will be a \$5.00 late charge for every 5 minute over the pick-up time.

Other registration information: _____

Parent Signature: _____ Date: _____

Authorizations For:
Childs Name:_____

EMERGENCY AUTHORIZATION:

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

Signature of parent(s) or guardian(s)

PHOTOGRAPH PERMISSION:

I am willing to allow my child to be photographed during our program for the purpose of display within the preschool or publication in local newspapers or Play 2 Learn website.

Signature of parent(s) or guardian(s)

NEIGHBOURHOOD WALK AUTHORIZATION:

I allow my child to participate in neighborhood walks organized by Play 2 Learn. (Play 2 Learn will advise of such walks in advance)

Signature of parent(s) or guardian(s)

FIELD TRIP AUTHORIZATION:

I allow my child to participate in field trips organized by Play 2 Learn. (Play 2 Learn will advise of such outings in advance)

Signature of parent(s) or guardian(s)

I have received, read and agree to the terms of the POLICIES of Play 2 Learn:

Please sign: _____ Print Name: _____ Date: _____

**Other Important Information For:
Child: _____**

Emergency Contact Persons (other than Mother and Father)

Name #1: _____ Relationship: _____

Home Address: _____

Day phone #: _____ Cell Phone # _____

Name #2: _____ Relationship: _____

Home Address: _____

Day phone #: _____ Cell Phone # _____

Additional Authorized Persons for pick up of your child other than emergency contacts.

Name 1: _____ Name 2: _____

Name 3: _____ Name 4: _____

Physician and/or clinic

Clinic: _____ Physician: _____

Address _____ Phone# _____

Dentist and/or clinic

Clinic: _____ Physician: _____

Address _____ Phone# _____

Immunization:

Up to Date: Yes No DTP HIB MMR TdP IB

Background Information

Please list other children in the household.

Name: _____ Age: _____ Name : _____ Age: _____

Name: _____ Age: _____ Name : _____ Age: _____

Language(s) spoken at home: _____

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

If yes, please describe: _____

Health and Development History

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

Describe your child's general health (i.e. Recurrent colds, ear infections, etc.)

Does your child presently have any serious medical problems? Yes No

Is your currently child taking any medication? What is the medication and what is it used for?

Does your child have any allergies other than food: Yes No

If yes, please list: _____

Has your child ever been to the dentist? Yes No

Does your child have any dental problems? _____

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

How does your child communicate? _____

Diet

Please describe your child's diet. What types of fluids and foods does s/he drink and eat?

Beverages: _____

Solids: _____

Does your child have any food allergies: Yes No

If yes, please list: _____

Is this allergy severe enough to require medication or emergency treatment? Yes No

If yes, please describe and detail any medications required: _____

Has your child eaten peanut butter at home? Yes No

Does your child have any diet restrictions? Yes No

If yes, please list: _____

Do you have any particular concerns about your child's diet or eating habits?

Describe your child's sleeping habits and routine. _____

Toileting

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

How frequently does your child have bowel movements? _____

Behaviour Patterns and Habits

Describe your child's behaviour and habits. (temperament, energy level)

Does your child have any particular attachments (doll, blanket) or any particular habits (pacifier, thumb sucking)?

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

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

Parents Signature: _____

Date: _____