



Discovery World Child Care Centre



Child Registration Form

Child's First Name: _____ Child's Last Name: _____

Enrollment Date: _____ Withdrawal Date: _____

Enrollment Days (please check in box) :

Monday	Tuesday	Wednesday	Thursday	Friday
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Drop Off Time: _____ Pick-up Time: _____

Child's Home Address: _____

City: _____ Prov.: _____ Postal Code: _____

Name of School Attended by Child:
(if applicable) _____

Teacher: _____ Grade.: _____ School Phone: _____

Medical Practitioner: _____ Phone: _____

BC Care Card #: _____ Medical Insurance Plan #: _____

Immunization Record Complete: Yes _____ No _____ (Please attach copy)

Birthdate: _____ Gender: (circle) Girl:  Boy: 

Physical Description of your Child:

Height: _____ Weight.: _____ Hair Color: _____ Eye Color: _____


Optional Notes or Special Identifying Features: _____

Parent / Guardian (1):

First Name: _____ Last Name: _____ Relation: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____


Home Phone: _____  Mobile Phone: _____ *Please circle  icon for the phone number; home, mobile or work that is your preferred daytime contact number to call first.*

Email: _____

Employer: _____ Occupation: _____

Work Address: _____


City: _____ Prov.: _____ Postal Code: _____

Work Phone: _____  Work Days: M T W Th F Work Hrs: _____**Parent / Guardian (2):**

First Name: _____ Last Name: _____ Relation: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____


Home Phone: _____  Mobile Phone: _____ *Please circle  icon for the phone number; home, mobile or work that is your preferred daytime contact number to call first.*

Email: _____

Employer: _____ Occupation: _____

Work Address: _____

City: _____ Prov.: _____ Postal Code: _____

Work Phone: _____  Work Days: M T W Th F Work Hrs: _____***Note:** If divorced, separated or otherwise applicable, a copy of any custody agreement(s) must be provided

EMERGENCY CONTACTS: *(include parents/guardians listed above in order to be contacted in case of emergency)*

Person 1: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Person 2: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Person 3: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Persons Authorized to Pick-up Your Child: *(other than parents listed above)***Please note that The Centre *must* have written consent from a parent/guardian prior to releasing a child to anyone other than the parent. Picture ID must be shown before any child will be released to anyone other than the parent/guardian listed above on this registration form.**

Person 1: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Person 2: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Person 3: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Person 4: _____ Relation to Child: _____

Primary Phone: _____ Second Phone: _____

Is there any person(s) whom are not permitted access to your child Yes ___ No ___

If yes, please list whom?

Prohibited
Person Name: _____ Relation to Child: _____
(if any)**Prohibited**
Person Name: _____ Relation to Child: _____
(if any)**Prohibited**
Person Name: _____ Relation to Child: _____
(if any)

Other Children Living at Home:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Additional Information:

(If more space is required for any additional information you wish to provide, please attach pages.)

Does your child have any allergies? Yes ___ No ___

If yes, please specify: _____

Does your child require any on going medical care? Yes ___ No ___

If yes, please specify: _____

Does your child require any regular medication? Yes ___ No ___

If so, will this medication need to be administered while your child is at daycare? Yes ___ No ___

If yes, please specify: _____

Is there anything that might prevent your child from participating in our program or activities? Yes ___ No ___

If yes, please specify: _____

Do you have any concerns that we should be aware of regarding child's social, emotional, physical or educational needs?

Yes ___ No ___

If yes, please specify: _____

Do you have any special dietary instructions for your child and/or any other matter relevant to your child's care that you wish to provide us with?

Yes ___ No ___

If yes, please specify: _____

Please provide for us a brief description of your child's daily routine.

Parent Name Signature Date

Parent Name Signature Date

Discovery World Manager Signature Date