



# Discovery World Daycare



## 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: \_\_\_\_\_

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**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 Daycare **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 illness, allergies or medical disability? 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