



Flagstaff Kids Connection Daycare REGISTRATION FORM

(Please print clearly in blue or black ink)

General Information:

Child's Full Name: _____ Birth Date: _____

Sex: _____ Nickname: _____

Guardian's Full Name: _____ Home Phone: (____) _____

Address: _____ Town: _____

Province: _____ Postal Code: _____ PO Box #: _____

Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____

Occupation: _____ Email: _____

Guardian's Full Name: _____ Home Phone: (____) _____

Address: _____ Town: _____

Province: _____ Postal Code: _____ PO Box #: _____

Cell Phone: (____) _____ Work Phone: (____) _____ ext. _____

Occupation: _____ Email: _____

Parent/Guardian with legal custody _____

Parents are: Living Together _____ Separated _____

Security Password Information:

Flagstaff Kids Connection Daycare requires that all families provide us with a private security password. This password will be used over the phone and through emails to verify that the parents or the legal guardian is providing the Center with accurate information on releasing their child.

Password: _____ Parent Signature: _____

Previous Care:

Has your child been in childcare before? YES / NO

Name: _____ Location: _____

Emergency Contacts:

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Relationship to Child: _____

Physical Address (no box numbers) _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Relationship to Child: _____

Physical Address (no box numbers) _____

Person(s) authorized to pick up my child (besides parents, guardians or emergency pick-ups)

Person(s) NOT authorized to pick up my child:

Emergency Information:

Regular Medications: _____

Medication to be given by daycare? _____

Food Allergies: _____

Any other Allergies: _____

Any special health conditions: _____

Alberta Health Care #: _____

Are your child's immunizations up to date? YES / NO

All About My Child:

I have _____ brothers and _____ sisters, their names and ages are: _____

How would you describe your child's personality? _____

Favorite things: _____

Favorites places: _____

Favorite foods: _____

Favorite activities: _____

Favorite books: _____

Favorite colors: _____

Any particular fears? _____

What comforts your child? _____

What goals would you like your child to accomplish while at the Center? _____

What are some aspects of your culture you would like to share? _____

What is your home language? _____

Does your child have a regular bedtime schedule? YES / NO AM Wake up time: _____

PM Bedtime: _____ Does your child have a regular nap time? YES / NO

Naptime: _____

Does your child have any medical conditions or special needs: _____

Does your child have any behavioral concerns: _____

Development:

- YES / NO My child has a hearing or visual problem (other than glasses)
- YES / NO My child has a developmental delay
- YES / NO My child experiences behavioral challenges or has a diagnosis?
- YES / NO My child has delays with gross and/or fine motor activities
- YES / NO My child has strong separation anxiety
- YES / NO My child has a speech delay

If YES please explain: _____

Previous Experiences:

- YES / NO My child has had a traumatic past experience (family divorce, abuse, violent experiences)
- YES / NO My child is sensitive to loud noise or quick movements

If YES please explain: _____

How did you hear about Flagstaff Kids Connection Daycare? _____

How long are you planning on attending our facility? _____

PERMISSION

Initial below to give your permission for specified activities.

_____ I give permission for my child to receive First Aid care from First Aid certified staff members in the case of a medical emergency. I understand that this care may involve further action such as hospital care if needed.

_____ I give permission for pictures to be taken of my child. I am aware that these photos may be used for art, bulletin boards, social media posts, goodbyes to children, etc.

_____ I give permission for my child to participate in outdoor activities with the daycare. These activities will be adequately supervised according to licensing staff:child ratios.

_____ I give permission for my child to walk within Killam for field trips and outings. I understand that for field trips outside of walking distance, an additional permission form must be signed.

_____ I give permission for my child to walk to and from school with daycare staff. The school is located at: _____

_____ I give permission for my child to have diapers and/or diaper cream/ointments applied when needed. I understand that I am responsible for providing these materials.

_____ I give permission for my child to have medication administered by staff trained in First Aid/CPR. I understand that addition permission forms/sign in sheets will be required.

Parent Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Parents/Guardians,

As of May 1st, 2018, your \$25/day fee will include AM snacks, lunch and PM snacks. OT's will be providing the hot lunch fresh daily. The menu will be posted on the bulletin board when you sign in. We are asking you all to please answer these questions:

1. Please check off the liquids that your child would prefer to drink at:

AM Snack:

Juice _____

Homo Milk _____

2% Milk _____

Water _____

Lunch:

Juice _____

Homo Milk _____

2% Milk _____

Water _____

PM Snack:

Juice _____

Homo Milk _____

2% Milk _____

Water _____

2. Does your child have any food allergies we should be aware of? _____

I, _____ have read the Parent Handbook for Flagstaff Kids Connection Daycare.

Signature

Date