



Child Care

GUIDING STARS

"HELPING CHILDREN REACH FOR THE STARS"

Registration Form

Child's Name: _____	Birthdate: _____	Start Date: _____
Address: _____	City: _____	Postal Code: _____
Parent/Guardian: _____	Email: _____	Cell #: _____
Home Address _____	City: _____	Postal Code: _____
Work: _____	W.Address: _____	Work # _____
Parent/Guardian: _____	Email: _____	Cell #: _____
Home Address _____	City: _____	Postal Code: _____
Work: _____	W.Address: _____	Work # _____

Emergency Contacts (OTHER THAN PARENTS)

Primary Emergency Contact

Name: _____	Relationship: _____
Address: _____ City: _____	Postal Code: _____
Home #: _____ Cell #: _____	Work #: _____

Secondary Emergency Contact

Name: _____	Relationship: _____
Address: _____ City: _____	Postal Code: _____
Home #: _____ Cell #: _____	Work #: _____

Authorized Pick-Up

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Emergency Information

Doctor Name: _____ Phone: _____
Dr. Address: _____ Regular Medications: _____
Preferred Hospital: _____ Phone: _____
Allergies: _____ Blood Type: _____
Does your child have any anaphylactic allergies*? _____

* Please advise office staff and fill out and sign all related anaphylaxis forms.

Emergency Release Consent

I, _____ hereby grant permission for Guiding Stars Childcare and it's employees to take whatever steps necessary when accidents, sudden illness, or other emergencies occur. Necessary steps will be taken to obtain emergency medical care for your child if warranted.

My child, _____ may be given emergency treatment by staff at Guiding Stars Childcare. I give permission for my child to be transported by taxi or ambulance to an emergency centre for treatment and hold Guiding Stars Childcare at no fault.

Primary steps that will be taken in case of emergency:

1. Attempt to contact parent/guardian
2. Attempt to contact primary emergency contact
3. Attempt to contact child's doctor

Secondary steps that will be taken if the above attempts are unsuccessful:

1. Call another doctor
2. Call an ambulance
3. Take the child to emergency with one of our staff

Any expenses incurred through these measure will be covered by the child's parents/guardians. Guiding Stars Childcare is not responsible for any incident that may occur due to false or missing information at the time of registration.

Parent/Guardian Signature: _____ Date: _____
Witness Signature: _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment may be administered to my child in case of accident or emergency as prescribed by a treating doctor and Guiding Stars Childcare will not be held at fault.

Child's Name _____ D.O.B _____ Health Card # _____ Exp. _____
Parent/Guardian _____ Date _____ Witness _____ Date _____

Child's Health History

Date of child's last physical exam: _____

Illnesses	
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis
Frequent Sore Throat	Impetigo
Lice	Measles
Ringworm	Mumps
Skin rash	German Measles
Soiling	Polio
Upset Stomach	Scarlet Fever
Urinary Problems	Tuberculosis
Worms	Whooping Cough

Other Illnesses: _____

Has any family member had a serious illness recently? _____

Has your child ever been hospitalized? _____

Last Vision Test: _____ Last Hearing Test: _____ Last Dentist Visit: _____

Smoke Free Policy

No smoking or tobacco products are permitted within 9 meters of the childcare centre's premises.

I have read and understand the smoke free policy as defined by Guiding Stars Childcare. I understand that all fines incurred as a result of non-compliance with this policy are my responsibility. I understand that I am required to review this policy prior to enrolling my child with Guiding Stars Childcare.

Parent/Guardian: _____ Date: _____

Walks off Premises Permission

I, _____ give permission for my child, _____ to go for walks along the sidewalk on Mapleview and/or the sidewalks located within our plaza.

Signature: _____

Date: _____

About My Child Toddler/Preschool

What food does your child like? _____

What food does your child dislike? _____

Does your child have any food allergies? _____

What is your child's favourite toy? _____

Is your child toilet trained? _____

How does your child express anger? _____

Does your child have any fears? _____

What comforts your child? _____

How do you discipline your child? _____

Does your child nap? _____

Does your child have a special toy or blanket for nap? _____

Are you aware of any developmental disorders? _____

Infant

When does your child nap? _____

How does your child go to sleep? _____

What foods have you introduced? _____

How do you feed your child? _____

Does your child eat solid or purees? _____

How many bottles does your child drink in a day? _____

Does your child drink formula or milk? _____

How many ounces does your child drink per bottle? _____

Are your child's bottles warmed? If yes, how? _____

Does your child crawl, cruise along furniture, or walk? _____

Any other schedule information: _____

Schedule		
Day	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Other Information

Childcare fees are charged monthly and are due on or before the 1st of the month. We accept cash, cheque, credit, or interac.

Please provide the following information and items on or before your child’s first day of care:

- A copy of your child’s immunization records
- A copy of your child’s birth certificate
- Diapers and wipes
- Spare weather appropriate clothing
- Weather appropriate outdoor clothing
- Indoor and outdoor shoes
- Crib sheet and blanket for nap time
- Sunscreen and hat during the summer months
- Labelled water bottle
- Labelled bottles, formula, and jar food for infants

I have read and understand everything in the Registration form and verify that all information provided is accurate.

Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	