

**Kids Pointe Daycare & OSC
Child Enrollment Form**

CHILD INFORMATION

Program (Please Circle One): **Daycare** **Out of School Care**
Date of Enrollment: _____
Child's Name: _____
Child's Date of Birth: _____ School Attended (if applicable) _____
Hours of Care Required: _____
Reason For Care: _____
Child Resides With (please circle one): **Mother** **Father** **Both** **Guardian**
Custody Agreement (circle one): **Yes** **No**
If Yes, provide details of the agreement:

Others in the household and relationship:

MEDICAL INFORMATION

Alberta Health Care Number: _____
Immunization Records current and up to date (circle one): **Yes** **No**
(A copy of your child's Alberta Health Care Card and Immunization Records are required.)
In the event of a medical emergency and I/We cannot be reached, I/We _____
hereby authorize {program name} to obtain medical treatment for my child,
_____ from my doctor or any other physician selected by the center.

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____
Address: _____
Postal Code: _____
Home Phone #: _____
Cell Phone #: _____
Email: _____
Employer Name: _____
Occupation: _____
Employer Address: _____
Work Phone: _____

Parent/Guardian 2

Name: _____

Address: _____

Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

Email: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Work Phone: _____

INDIVIDUALS AUTHORIZED TO PICK UP THE CHILD

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

EMERGENCY CONTACTS (all information MUST be completed)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Postal Code: _____	Postal Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

HEALTH INFORMATION

Please answer the following questions regarding your child's health and medical history

Does your child have any physical disabilities (please circle)? YES NO

If yes, please describe

Does your child have any chronic health problems such as Asthma, Allergies, Diabetes, Convulsions, etc. (please circle)? YES NO

If yes, please describe

What is the reaction?

Procedure to follow if a reaction occurs?

3. Does your child take medication regularly? If yes, please list:

Name of medication: _____ Dosage: _____ Time: _____

Name of medication: _____ Dosage: _____ Time: _____

4. Does your child have any special dietary restrictions?

If yes, please list:

5. How does your child react to minor injuries (bumps, scrapes)? What comforts him/her?

Background Information

1. Has your child been in a child care setting before? Was it a positive experience?

2. Anything special that we should know about your child (ie. Behavioral problems, family living situation (divorce, separation, new baby)?

3. Relationship with Parents:

4. Relationship with Non-Custodial Parent (if applicable):

5. Any specific fears or anxieties?

6. General temperament of your child?

7. What discipline techniques are used at home?

8. Interests, Hobbies, Extracurricular Activities?

9. What language(s) are spoken in the home?

10. What cultural celebrations does your family celebrate?

11. Does anyone in your family participate in cultural activities (dancing, singing)?

12. What areas of development or skills would you like to see your child improve on while in care?

DIETARY INFORMATION

1. Food Likes: _____

2. Food Dislikes: _____

3. Eating Habits: _____

SLEEPING INFORMATION

1. Does your child nap? _____

2. How long does your child typically nap for? _____

3. Does your child have a special toy or blanket that they sleep with? _____

Please complete the information below ONLY if your child is under 12 months of age at the time of registration

1. Please describe your child's daily routine

2. Specific dislikes or fears?

3. Likes or special activities that your child enjoys?

4. Specific feeding routine? (Formula or Breast Milk, # and times of feedings)

5. Specific sleeping routine? (# and approximate times of napping, rocked to fall asleep etc)

Parent or Guardian Signature

Dated