

## NeeNee's Kings & Queens Childcare Registration Form

Child's full name: \_\_\_\_\_

Date of Birth: Year: \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Parent #1:** \_\_\_\_\_ **Parent #2** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Work/School: \_\_\_\_\_ Name of Work/School: \_\_\_\_\_

Address of Work/School: \_\_\_\_\_ Address of Work/School \_\_\_\_\_

Work/School Phone: \_\_\_\_\_ Work/School: Phone \_\_\_\_\_

**Enrollment Date:** Year: \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_  
(start date)

**In accordance with NeeNee's Kings & Queens Childcare, staff - child ratio must be met all time. Therefore, it is imperative that arrival and departure times be adhered to. Failure to adhere to your scheduled times will result in late/early fees being charged.**

**Arrival Time:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

**Emergency contact persons if unable to reach parents:**

**Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Work/cell phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Work/cell phone:** \_\_\_\_\_

Is there any person(s) other than yourself, your child may be released to **WITHOUT** written or verbal consent from you, the parent?

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medical Information**

**Doctor's name:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ expiration date: \_\_\_\_\_

I hereby give consent to have my child examined and treated by a Physician if an emergency should arise, while in care, with Oak Park Co-Operative Children's Centre Inc.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

1. Does your child have any allergies?

No \_\_\_\_\_ Yes \_\_\_\_\_

Explain \_\_\_\_\_

2. Special dietary concerns?

\_\_\_\_\_

3. Any foods disliked?

\_\_\_\_\_

4. Is your child used to daily outdoor play?

\_\_\_\_\_

5. Is your child toilet trained?

\_\_\_\_\_

6. Does your child need any help during toileting routines?

\_\_\_\_\_

7. How does your child indicate the need to use the toilet?

\_\_\_\_\_

8. Has your child ever been hospitalized? If yes, explain?

9. Does your child take any medication?

No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

10. Does your child wear a MEDIC ALERT bracelet or necklace?

No \_\_\_\_\_ Yes \_\_\_\_\_ ID NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

## About Your Child

1. Does your child play with children, other than family members?

Yes\_\_\_ No\_\_\_

2. Describe your child's interactions i.e.: shy, outgoing, rough play, talkative, etc.

\_\_\_\_\_

3. Does your child have any fears?

\_\_\_\_\_

4. How does your child handle frustration?

\_\_\_\_\_

5. Do changes in routine or special events upset your child?

Yes\_\_\_ No\_\_\_

Explain\_\_\_\_\_

6. Does your child have any brothers or sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

7. Are there any household pets

No \_\_\_ Yes \_\_\_\_\_

Names/types \_\_\_\_\_

8. Is there any other information about your child which you feel we should know in order to understand him/her better (special needs, birth of siblings, recent changes in the home environment etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Field Trip Consent**

I hereby give my permission for my child to take part in field trips, planned and supervised by the childcare center. We usually go for walks near Monterra Apartments only. Notices will be provided. I understand that if I do not want my child to attend, all or any specific field trip, I must provide alternate care for my child. NeeNee's Kings & Queens Childcare cannot provide care, and fees will not be altered.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Parent/Guardian**

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**Video Photo Consent**

I hereby give my permission for my child to be photographed for program reasons only. I understand that if any pictures are taken for reasons other than program (IE: advertising) I will be notified in advance, so that my permission may be given.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Parent/Guardian**

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**Fee Schedule**

As of Jan. 1, 2021 Priority goes to full time care (5 full days per week) First come, first serve basis.

**Registration fees:** \$25.00 (Non-refundable)

**Toddler Day Care** 5 full days per week----- **\$125.00** per week (\$25.00/day)

Reviewed by: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Parent/Guardia**

**EMERGENCY CARD**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT #1: \_\_\_\_\_ PARENT #2: \_\_\_\_\_

NAME OF WORK/SCHOOL: \_\_\_\_\_ NAME OF WORK/SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ DENTIST'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME OF CHILD AS IT APPEARS ON CARD:

ALLERGIES/ MEDICAL INFORMATION:  
\_\_\_\_\_

**IN CASE OF MEDICAL EMERGENCY, I CONSENT TO MY CHILD RECEIVING SUCH EMERGENCY CARE AS DEEMED NECESSARY:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE:

**PERSON(S) OTHER THAN YOURSELF. WHO HAVE AUTHORIZATION TO MAKE MEDICAL AND EMERGENCY DECISION ON YOUR BEHALF. YOUR CHILD MAY BE RELEASED WITHOUT WRITTEN OR VERBAL CONSENT FROM YOU TO SAID PERSON(S).**

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK # \_\_\_\_\_  
CELL # \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK# \_\_\_\_\_  
CELL # \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK# \_\_\_\_\_  
CELL# \_\_\_\_\_

4. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK# \_\_\_\_\_  
CELL# \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Because of the presence of children at NeeNee's Kings & Queens Childcare who have anaphylactic allergies, **please do not send your child to childcare with peanuts, soy, fish, wheat, and eggs** to lessen the risk of a child encountering an anaphylactic food.

I agree not to send my child to NeeNee's Kings & Queens Childcare center with the foods listed above.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Parents at NeeNee's Kings & Queens are asked to not take pictures of other children in the home. NeeNee's Kings & Queens Childcare staff take a lot of pictures of the children and are pleased to send you pictures of **your** child.

I agree not to take pictures of other children at NeeNee's Kings & Queens Childcare

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

I have read the child's file mentioned above:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date