REGISTRATION FORM

Administration Use:
Site #:
Customer #:

CHILD INFORMATION

Last Name:	First Name		Male ☐ Female ☐
Street Address:	City:		Date of Birth: (Month, Day, Year)
Postal Code:	Home Phone:		
School:	Grade:	Health Card:	
Doctor:	Doctor Phone Number:		
Doctor Address:			
Allergies			
Medication:			
Diet:			
Rest:			

EMERGENCY CONTACTS:

Parent/Guardian: (Last Name, First Name)			Relationship to Child:
Street Address:		City:	Home Phone:
Postal Code:			Cell Phone:
Employer/School:	Address:		Work Phone:
Client ☐	Lives With Child ☐	Pick up Contact ☐	Emergency Contact ☐
Parent/Guardian: (Last Name, First Name)			Relationship to Child:
Street Address:		City:	Home Phone:
Postal Code:			Cell Phone:
Employer/School:	Address:		Work Phone:
Client ☐	Lives With Child ☐	Pick up Contact ☐	Emergency Contact ☐
Emergency Contact 1 (Last Name, First Name)			Relationship to Child:
Home Phone:	Cell Phone:		Work Phone:
Emergency Contact 2 (Last Name, First Name)			Relationship to Child:
Home Phone:	Cell Phone:		Work Phone:
Emergency Contact 3 (Last Name, First Name)			Relationship to Child:
Home Phone:	Cell Phone:		Work Phone:

PERMISSION DETAILS:

I give my child permission to:	Yes	No
Use non-toxic water based tempera face paint	☐	☐
Participate in off-site activities within walking distance of the centre	☐	☐
To be checked for head lice	☐	☐
To have photographs and videos taken while in care of Sundowners (for Sundowners use only)	☐	☐
To have insect repellent (with 10% or less DEET) applied as needed.	☐	☐

In an emergency, I grant Sundowners Day Care Staff permission to obtain medical treatment for my child from hospital and medical personnel. I understand that whenever possible Sundowners staff will attempt to notify parent(s) first.

Client 1 Signature:	Client 2 Signature:	Date:

Administration Use:
Site #:
Customer #:

SPECIAL SERVICES

______________________________ is receiving services from ______________________________

For the following:

- Behaviour ☐
- Counseling ☐
- Hearing ☐
- Physical/Occupational Therapy ☐
- Speech-Language ☐
- Visual ☐
- Other ______________________________________ ☐

I understand there is a one-month trial period to ensure the program meets my child's needs. ☐

Comments: ____

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Parent Signature: ______________________________________ Date: ____________________

FREEDOM OF INFORMATION WAIVER

Sundowners believes that on-going communication between all of the adults involved with your child enhances his or her educational and child care experience. If you agree to have communication take place indicate below.

I hereby give consent to the staff of Sundowners Day Care and Resource Centre and ______________________________________ school to communicate with each other regarding information which relates to the physical, emotional, cognitive, and social development of ______________________________________.

In addition, I agree it is the responsibility of both the staff of the program and myself as a parent to keep an open line of communication between us.

I understand that any written communication will be kept in my child's file in the child care office. This information may be viewed by myself, child care staff and/or designated personnel at any time.

Parent Comments: ____

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Parent Signature: ______________________________________ Date: ____________________