

HAPPY HEARTS DAY CARE REGISTRATION FORM FOR CHILD CARE

NAME OF CHILD		Name child responds to						
Gender: Male _____ Female _____		Proposed Starting Date						
Person(s) with whom child lives		Child's Birth date						
Address			Postal Code					
Mother's Name		Place of work		Phone (home)		Phone (work)		
Father's name		Place of work		Phone (home)		Phone (work)		
OTHER CHILDREN LIVING AT HOME								
Name of Child		Age	Name of Child		Age			
1.			2.					
3.			4.					
AUTHORIZED PEOPLE FOR PICKUP AND/OR EMERGENCY CONTACT								
Name		Relationship to Child	Pick-up or Emergency (Please check boxes below)		Work Phone	Home Phone		
1.			<input type="checkbox"/> Pickup Person <input type="checkbox"/> Emergency Contact					
2.			<input type="checkbox"/> Pickup Person <input type="checkbox"/> Emergency Contact					
3.			<input type="checkbox"/> Pickup Person <input type="checkbox"/> Emergency Contact					
If there is a custody agreement, please give details								
DOCTOR'S INFORMATION								
Name				Phone				
Address								
Care Card Personal Health Number of Child:								
IMMUNIZATION HISTORY			DATES OF IMMUNIZATION					
			2 mo	4 mo	6 mo	12 mo	18 mo	School Age
Diphtheria/Pertussis/Tetnus								
Poliomyelitis								
HIB (Meningitis)								
Measles/Mumps/Rubella								
Please provide photocopy of records								

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MEDICAL RECORDS	
Please indicate where original records can be found: <input type="checkbox"/> Health Unit <input type="checkbox"/> Doctor's Office	Address
Are records up to date? Y / N	Date of last check-up:
MEDICAL HISTORY	
Is your child subject to: <input type="checkbox"/> Allergies <input type="checkbox"/> Ear/nose/throat infections <input type="checkbox"/> Nose bleeds <input type="checkbox"/> Skin problems <input type="checkbox"/> Other medical problems <input type="checkbox"/> Emotional problems	Please explain any checked items:
OTHER INFORMATION	
What are your child's:	
Favourite foods?	
Food dislikes?	
Favourite toys?	
Favourite activities?	
Religious, cultural and other observations?	
Favourite pets?	
Previous experiences away from home?	
Previous Day Care Centre (if any):	
Dates of attendance	
Reason for leaving	
Does your child need a nap? Y / N	Comments on naps:
Other special instructions or comments for Day Care Staff:	
POLICY AGREEMENT	
I UNDERSTAND THE REFUND POLICY AND HAVE READ THE PARENT PACKAGE AND AGREE TO ALL POLICIES AND TERMS STATED.	
_____ Signature	
MEDICAL RELEASE	
I authorize the staff at Happy Hearts Day Care Center to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent or emergency contact person cannot be immediately reached.	
Signature of Applicant _____	Date _____
Manager of Facility _____	Date _____

ACTIVITY PERMISSION FORM

THE HAPPY HEARTS COMMUNITY DAY CARE
A Ministry of the Salvation Army Chilliwack Community Church
(604) 792-5285

Dear Parent:

If you would like your child to participate in activities and excursions outside the classroom, please fill out the consent form and return to the day care. Thank you

I _____, give permission for my child/ren _____ to participate in all excursions and activities outside the classroom.

Signature _____
(Parent or guardian)

Date _____

PHOTOGRAPHY PERMISSION FORM

THE HAPPY HEARTS COMMUNITY DAY CARE
A Ministry of the Salvation Army Chilliwack Community Church
(604) 792-5285

Dear Parent:

On occasion, we have opportunity to photograph or videotape our daycare children. These photos will only be used at the discretion of the Director for open houses, promotional and fund-raising activities. If you are willing for your child to be involved in this way, please sign the permission form below.

I _____, give permission for my child/ren _____ to be videotaped and/or photographed at the Day Care.

Signature _____
(Parent or guardian)

Date _____

HAPPY HEARTS DAY CARE EMERGENCY PERMISSION FORM

It is our policy that we notify the parent or emergency contact person when a child is ill, injured, or requires medical attention. Occasionally, it may not be possible to contact a parent or emergency contact when the child needs immediate help. Our procedure in such a case is to take the child to the nearest emergency service, or call an ambulance.

Please sign the consent form below to allow us to take appropriate action in the event you or your emergency contact person cannot be reached. Please return the signed form to Happy Hearts Day Care Centre immediately. It will be needed to give to emergency personnel at the hospital or ambulance. Thank you.

Name of Child: <small>Last, First, Middle</small>	Birthdate: <small>Year/Month/Day</small>
Name of Parent/Guardian:	Home Phone:
	Work Phone:
	Cell Phone:
Home Address:	
Emergency Contact Name:	Home Phone:
	Work Phone:
	Cell Phone:
Care Card Number:	
Other Insurance Information:	
Doctor's Name:	Doctor's Phone:
Doctor's Address:	Most recent Tetanus shot:
Allergies:	Medications:
CONSENT STATEMENT:	
<p style="text-align: center;">"I hereby give consent, in the event of injury or illness requiring medical attention, for the staff of Happy Hearts Day Care to take my child _____ to the nearest emergency centre or call an ambulance when I or my emergency contact person cannot be reached."</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Parent/Guardian</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	