

**Little NEMO's Daycare & Out of School Care Centre**  
**(Registration Form)**

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

**Mother/Guardian** First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Full Address \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Work address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

**Father/Guardian** First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Full Address \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Work address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

**Child Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Name child prefer to be called: \_\_\_\_\_ Gender: \_\_\_\_\_  
Child's Full address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Child lives with: \_\_\_\_\_ Hours of care (required): From \_\_\_\_\_ to \_\_\_\_\_  
Child's first language: \_\_\_\_\_ Other language: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child AHC #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Allergies: \_\_\_\_\_

- List any existing or ongoing medical conditions, medication and/or special dietary needs your child may require?  
\_\_\_\_\_
- Medication name \_\_\_\_\_ Dose \_\_\_\_\_ How often \_\_\_\_\_
- Has the child had previous experience away from home? Yes ( ) No ( ) If yes, please explain  
\_\_\_\_\_
- Do you think your child feels comfortable leaving parents? Yes ( ) No ( ) If yes, explain  
\_\_\_\_\_
- List communicable diseases child has had \_\_\_\_\_
- Has your child received up to date immunization? Yes ( ) No ( ) if yes please provide record.
- Immunization Record provided Yes ( ) No ( )
- Are there any custody/parental orders? Yes ( ) No ( ) if yes please provide court papers

## Emergency contacts & Authorized pick up persons (Other than parents)

### 1<sup>st</sup> Contact/Pick up (other than parents)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Full Address \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Able to pick up all children in the same family

Not able to pick up the following children \_\_\_\_\_

Reason \_\_\_\_\_ (Please provide court order papers, further explanation needed)

### 2<sup>nd</sup> Contact/Pick up (other than parents)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Full Address \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Able to pick up all children in the same family

Not able to pick up the following children \_\_\_\_\_

Reason \_\_\_\_\_ (Please provide court order papers, further explanation needed)

### Additional comments & information:

List your child interests \_\_\_\_\_

Is there any other information that you would like to provide to help our staff get to know you and your family better? Please inform us of any goals you have for your child while attending the Daycare/OSC.

\_\_\_\_\_  
\_\_\_\_\_

### Signature:

By signing below, you verify that all information provided on this form is current and accurate.

Print parent's name: \_\_\_\_\_

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

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

### Office Use Only

Updated _____	Updated _____	Updated _____
Updated _____	Updated _____	Updated _____

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

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