



Child Care

GUIDING STARS

"HELPING CHILDREN REACH FOR THE STARS"

Registration Form

Office Use Only

Start Date

Discharge Date

Child's Name: _____	Birthdate: _____	Home #: _____
Address: _____	City: _____	Postal Code: _____
Parent/Guardian: _____	Email: _____	Cell #: _____
Home Address _____	City: _____	Postal Code: _____
Work: _____	W.Address: _____	Work # _____
Parent/Guardian: _____	Email: _____	Cell #: _____
Home Address _____	City: _____	Postal Code: _____
Work: _____	W.Address: _____	Work # _____
Parent/Guardian: _____	Email: _____	Cell #: _____
Home Address _____	City: _____	Postal Code: _____
Work: _____	W.Address: _____	Work # _____

Emergency Contacts (OTHER THAN PARENTS)

Primary Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Home #: _____ Cell #: _____ Work #: _____

Secondary Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Home #: _____ Cell #: _____ Work #: _____

Authorized Pick-Up

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Information

Doctor Name: _____ Phone: _____
Dr. Address: _____ Regular Medications: _____
Preferred Hospital: _____ Phone: _____
Allergies: _____ Blood Type: _____

Does your child have any anaphylactic allergies*? _____

* Please advise office staff and fill out and sign all related anaphylaxis forms.

Emergency Release Consent

I, _____ hereby grant permission for Guiding Stars Childcare and it's employees to take whatever steps necessary when accidents, sudden illness, or other emergencies occur. Necessary steps will be taken to obtain emergency medical care for your child if warranted.

My child, _____ may be given emergency treatment by staff at Guiding Stars Childcare. I give permission for my child to be transported by taxi or ambulance to an emergency centre for treatment and hold Guiding Stars Childcare at no fault.

Primary steps that will be taken in case of emergency:

1. Attempt to contact parent/guardian
2. Attempt to contact primary emergency contact
3. Attempt to contact child's doctor

Secondary steps that will be taken if the above attempts are unsuccessful:

1. Call another doctor
2. Call an ambulance
3. Take the child to emergency with one of our staff

Any expenses incurred through these measure will be covered by the child's parents/guardians. Guiding Stars Childcare is not responsible for any incident that may occur due to false or missing information at the time of registration.

Parent/Guardian Signature: _____ Date: _____
Witness Signature: _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment may be administered to my child in case of accident or emergency as prescribed by a treating doctor and Guiding Stars Childcare will not be held at fault.

Child's Name _____ D.O.B _____ Health Card # _____ Exp. _____
 Parent/Guardian _____ Date _____ Witness _____ Date _____

Child's Health History

Date of child's last physical exam: _____

Past History of Illnesses	
Acquired Immunodeficiency Syndrome (AIDS)	Chancroid
Chlamydia Trachomatis Infections	Creutzfeld-Jakob Disease
Cytomegalovirus Infection	Encephalitis
Gonorrhea	Hemorrhagic Fevers
Hepatitis B	Hepatitis C
Influenza	Legionellosis
Leprosy	Meningitis
Ophthalmia Neonatorum	Respiratory Infections
Severe Acute Respiratory Syndrom (SARS)	Streptococcal Infections
Syphilis	Asthma
Constipation	Bronchitis
Convulsions	Chicken Pox
Diarrhea	Diabetes
Fainting Spells	Heart Disease
Frequent Colds	Hepatitis
Frequent Ear Infections	Impetigo
Frequent Sore Throat	Measles
Lice	Mumps
Ringworm	German Measles
Skin rash	Polio
Soiling	Scarlet Fever
Upset Stomach	Tuberculosis
Urinary Problems	Whooping Cough
Worms	

Other Illnesses or conditions (ie. Dislocating joints): _____

Has any family member had a serious illness recently? _____

Has your child ever been hospitalized? _____

Last Vision Test: _____ Last Hearing Test: _____ Last Dentist Visit: _____

Smoke Free Policy

No smoking or tobacco products are permitted within 9 meters of the childcare centre's premises.

I have read and understand the smoke free policy as defined by Guiding Stars Childcare. I understand that all fines incurred as a result of non-compliance with this policy are my responsibility. I understand that I am required to review this policy prior to enrolling my child with Guiding Stars Childcare.

Parent/Guardian: _____ Date: _____

Walks off Premises Permission

I, _____ give permission for my child, _____ to go for walks along the sidewalk on Mapleview and/or the sidewalks located within our plaza.

Signature: _____ Date: _____

About My Child
Toddler/Preschool

- What food does your child like? _____
- What food does your child dislike? _____
- Does your child have any food allergies? _____
- What is your child's favourite toy? _____
- Is your child toilet trained? _____
- How does your child express anger? _____
- Does your child have any fears? _____
- What comforts your child? _____
- How do you discipline your child? _____
- Does your child nap? _____
- Does your child have a special toy or blanket for nap? _____
- Are you aware of any developmental disorders? _____

Schedule		
Day	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Other Information

Childcare fees are charged monthly and are due on or before the 1st of the month. We accept cash, cheque, credit, interact, or e-transfer.

Please provide the following information and items on or before your child's first day of care:

- A copy of your child's immunization records
- A copy of your child's birth certificate
- Diapers and wipes
- Spare weather appropriate clothing
- Weather appropriate outdoor clothing
- Indoor and outdoor shoes
- Crib sheet and blanket for nap time
- Sunscreen and hat during the summer months
- Labelled water bottle

I have read and understand everything in the Registration form and verify that all information provided is accurate.

Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	