

Freight House Early Learning & Care Inc.

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 $\hfill\Box$ Infant $\hfill\Box$ Preschool $\hfill\Box$ School Age $\hfill\Box$ Lake St. Martin

Registration Form

	ATION RECORD FORM
Child's legal name:	Family health number:
Name commonly known as:	Personal health number:
☐ Male ☐ Female Date of birth:	Doctor's name:
Languages known/spoken:	Doctor's phone number:
Mother/Guardian	Father/Guardian
Name:	Name:
	Home address: Home phone: Work/ school name: Work/school address: Work/school phone: Work/school e-mail:
Name:	Name: Home address:
Home address: Home phone: Cell: Work/school e-mail: Work/school name: Work/school address:	Home address: Home phone: Cell: Work/school e-mail: Work/school name: Work/school address: Work/school phone number:

LIVING AND CU	USTODY A	ARRANGEMENTS			
Child lives with: Mother Father Both Other (describe: If applicable, are there any separation agreements, court orders or oth Have copies been provided to the child care facility? Yes No Are you aware that the child care facility cannot ask the police to enform If applicable, are there any informal custody arrangements? Please de	er documer] Will be proceed or contractions on the contraction of the	nts setting out custody rovided [] Will not be y arrangements if doc	arrangements for e provided uments are not p	or the child? Yes No	
SCHOOL INFO	ORMATIO	N (if applicable)			
Name of school:	Method	Method of transportation:			
School phone number:	If applie	If applicable, transportation company:			
Name of teacher: Grade:	Transpo	ortation phone number			
Describe any physical, developmental, emotion Please be specific and give suggestions					
					-
Does your child have allergies to food, animals, medication, etc.?	Yes 🗌 No				
If so, are the allergies life-threatening (anaphylaxis)? [] Yes [] No I	Describe: _				-
Are there any cultural, religious or personal requirements or restriction	ons that we	should be aware of?	☐ Yes ☐ No D	escribe:	
Toilet Learning Please check all that apply to your child's present s	stage.	Nap			
☐ completely capable of using toilet ☐ asks to use the toilet		I want my child to n	ap: 🛮 Yes 🖺 No		
in diapers at all times will use the toilet if tak		My child usually nap			
in underwear during day will not use the toilet y	ret	I want my child to re	est on a cot each	day: Yes No	
Is there any other information that may help us facilitate your child's major changes with in family, etc.)	transition i	nto the child care faci	lity? (Special int	erests, specific likes/dislil	kes,
	TEN PERI	MISSION			
I have read the parent policy manual. I understand and agree to abide			☐ Yes ☐ No		
I have read the code of conduct. I understand and agree to abide by the			Yes No		
I will notify the facility immediately of any changes to the informatio			Yes No		
I give permission for outings (not requiring transportation in private of	•		Yes No		
I give permission for indirect supervision as described in the parent m	_		Yes No		
I give permission to inducet supervision as described in the parent in		ool staff.	Yes No		
If applicable, describe any arrangements for school-aged children to a	-				
					-

	rgency Medical Transportation and Treatment
child care facility. I give permission for my child to receive medical derstand that this may involve transportation to the hospital in a	any time, medical treatment is necessary due to a serious injury or sudden ill sures deemed necessary for the protection of my child while in the care of the tion deemed necessary by my child's doctor or other medical personnel. I unter vehicle or ambulance. I understand that the facility will make every attempting ambulance fees, is my responsibility.
Date	Date
Parent name (please print)	Signature
	Parent name (please print)
al:	Cacility use: Date of enrolment: Date of Withdraw

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