

# CHILD'S RECORD (D C)

DATE OF ENROLLMENT \_\_\_\_\_ FIRST DAY ATTEND IN \_\_\_\_\_

CHILD'S NAME(FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (SURNAME) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ M/F

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

|                  |  |  |
|------------------|--|--|
| NAME             |  |  |
| RELATIONSHIP     |  |  |
| HOME ADDRESS     |  |  |
| POSTAL CODE      |  |  |
| E-MAIL           |  |  |
| CELL PHONE       |  |  |
| HOME PHONE       |  |  |
| BUSINESS PHONE   |  |  |
| NAME OF BUSINESS |  |  |

## EMERGENCY CONTACTS

|                  |  |  |
|------------------|--|--|
| NAME             |  |  |
| RELATIONSHIP     |  |  |
| HOME ADDRESS     |  |  |
| POSTAL CODE      |  |  |
| E-MAIL           |  |  |
| CELL PHONE       |  |  |
| HOME PHONE       |  |  |
| BUSINESS PHONE   |  |  |
| NAME OF BUSINESS |  |  |

## PERSON(S) AUTHORIZED TO PICK UP CHILD FROM THE CENTRE:

1, NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2, NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CODE WORD FOR EMERGENCY PICK UP \_\_\_\_\_

## ANY PERSON(S) CHILD SHOULD **NOT BE** RELEASED TO /OR INFORMATION GIVEN TO:

1, NAME \_\_\_\_\_ 2, NAME \_\_\_\_\_

If the above is that of a parent, please provide necessary legal documents.

TIME CHILD WILL ARRIVE AT CENTRE \_\_\_\_\_ TIME CHILD WILL BE PICKED \_\_\_\_\_

EATING HABITS GOOD/FAIR/POOR

IS THERE ANYTHING WE SHOULD KNOW ABOUT WHAT OR HOW YOUR CHILD EATS? (LIKES, DISLIKES)

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ANY FOOD ALLERGIES WE SHOULD BE AWARE OF?

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SLEEPING HABITS? (SPECIAL TOYS, BLANKETS, ETC)

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TOILETING INFORMATION

IS YOUR CHILD TRAINED? \_\_\_\_\_ NEEDS HELP? \_\_\_\_\_

OTHER COMMENTS TO ASSIST US IN THIS AREA

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SOCIAL DEVELOPMENT (DESCRIBE PREVIOUS/PRESENT CHILD CARE ARRANGEMENT)

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PERSONALITY CHARACTERISTICS (TELL US ABOUT YOUR CHILD (FRIENDLY, SHY, FEARS, OUTGOING))

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IS THERE ANYTHING ELAE YOU CAN THINK OF THAT WOULD HELPUS TO KNOW OR UNDERSTAND YOUR CHILD BETTER?

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IS THERE AN ASPECT OF YOUR HERITAGE THAT YOU MIGHT SHARE WITH THE CHILDREN IN THE WAY OF FOOD, DANCE, MUSIC, COSTUM OR RELIGIOUS BELIEFS?

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CHILDS INTERESTS

WHAT ARE YOUR CHILDS GOALS AND DREAMS?

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ANY OTHER CONCERNS (PERSONAL/ SENSITIVE INFORMATION) ABOUT YOUR CHILD?

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PERMISSION FOR EMERGENCY MEDICAL AID CASE OF ACCIDENT/ILLNESS

In case of an emergency, I \_\_\_\_\_, authorize the staff of DOVERDAYCARE to call an ambulance or take my child, \_\_\_\_\_ to the nearest emergency center. I understand that should such an emergency arise, I or my emergency contract (when I cannot be reached) will be notified immediately. I agree that any cost for such services shall be my responsibility.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

PHOTOGRAPHS/VIDEO PARENTAL PERMISSION

I, \_\_\_\_\_ give my permission for my child \_\_\_\_\_, to have their photographs/video taken for the sole purpose of programming and display or viewing on daycare premises for professional development or required for the purpose of government / licensing programming purposes.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

WEBSITE CONSENT FORM

I, \_\_\_\_\_ give my permission for my child \_\_\_\_\_, to have his/her photographs / video put on the Dover Daycare website [www.doverdaycare.ca](http://www.doverdaycare.ca)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

OFF SITE PERMISSIONS (off site neighbourhood trip)

Dover Daycare has my permission to take \_\_\_\_\_ on offsite activities in the immediate neighbourhood (i.e. parks, libraries, stores). The method of approved transportation is walking and or daycare vehicle. I understand that I will be asked to sign another release form for each major field trip or when the daycare vehicles are being used.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I agree to pay the current fee before the first day of each month. If we (dover daycare) do not receive the monthly fee by the 15<sup>th</sup> of the month, service will be terminated, and initial deposit will be non-refunded. The fee is subject to change with one month`s written notice. If I apply for subsidy and should my application not be approved, I am liable for full fees.

I understand that late payments are subject to a late penalty of \$80 per month and \$2.00 per minute after 6:00pm, and NSF fee of \$80 also applies for each non-honoured cheque. I agree to give one month`s written notice when my child is to be withdrawn. one month`s fee is payable in lieu of the termination notice. Initial deposit is a month`s fee is payable at the time of registration. I have read and understand the parent`s handbook, the Child Guidance Policy, and the Evacuation Procedure.

\_\_\_\_\_  
parent / guardian`s signature

\_\_\_\_\_  
date