



Happy House Daycare Registration Form

Child's Name: _____ Male Female

Address: _____

Birth day: _____
Day Month Year

Mother/Legal Guardian

Father/Legal Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Marital Status: _____

Marital Status: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work address: _____

Work address: _____

Business Phone: _____

Business Phone: _____

Hours at work: _____

Hours at work: _____

Family Physician

Name: _____ Address: _____

Phone Number: _____ Personal Health # _____

Immunization up to Date? Yes No last date of immunization _____

Allergies: _____ Special concerns: _____

Permission for Staff to administer First Aid if necessary: (Y/N) Signature _____

Emergency contact: (used when we are unable to contact the parents (s))

Name: _____ Address: _____ Phone # _____ Cell# _____

Relation to Child: _____

Custody arrangements: If applicable (as per court order)

For Office Use only Date of application: _____ Date of care needed: _____

Start Date: _____ Date of Discharge: _____

Program: St Dominic's: North: Daycare: OSC:

Media Consent: I give consent for my child to be in photographs taken by Happy House employees, these photos may be placed throughout the centre, on our website, or on our Facebook Page.

Photos throughout centre: Yes: No:

Website: Yes: No:

Facebook Page: Yes: No:

Parent/Guardian Signature: _____

Read & Understand the Policies and Procedures Manual: Yes: No:

Parent/Guardian Signature: _____

Permission for Staff to administer First Aid if necessary: Yes: No:

Parent/Guardian Signature: _____

Emergency Medical Contact Form Signed: Yes: No:

Parent/Guardian Signature: _____

Field Trip Permission Form Signed: Yes: No:

Parent/Guardian Signature: _____

Child Development History and Health History Forms Signed: Yes: No:

Parent/Guardian Signature: _____

Liability Waiver Form Signed: Yes: No:

Parent/Guardian Signature: _____

Payment and Fees Understood: Yes: No:

Parent/Guardian Signature: _____

Two-week notice required if withdrawing from care is understood: Yes: No:

Parent/Guardian Signature: _____