



## Child Registration / Information Package

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

### Allergies, Dietary Restrictions, Special Medical Concerns

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Special Concerns/Considerations: \_\_\_\_\_

### Alternative Pick-up / Emergency Contact

*In the event that another person is to pick up your child, please indicate all authorized contacts below. **Contacts MUST present photo ID upon pick-up.***

*Please provide a primary contact in the event of an emergency when Happy House Daycare is unable to contact the parent/guardian. Please do not include Parents/Legal Guardians as an emergency contact.*

Primary Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

### Administering First Aid

I give my permission for qualified staff of Happy House Daycare to administer first aid to my child(ren) when they see necessary.

Parent/Guardian Signature: \_\_\_\_\_

### Media & Photography Consent and Release

By signing below, I am providing consent to Happy House Daycare to photograph my child and release these photographs for appropriate use on various media outlets. Please initial beside each category for confirmation:

\_\_\_\_\_ Advertisement  
(Local Advertisement)

\_\_\_\_\_ Happy House Daycare Website  
([www.happyhousedaycare.ca](http://www.happyhousedaycare.ca))

\_\_\_\_\_ Classroom use  
(classroom photo albums)

\_\_\_\_\_ HiMama  
(Daily updates to parents)

\_\_\_\_\_ Business Facebook Page  
(Used to promote events/involvement)

\_\_\_\_\_ Daycare Newsletter

*If you object to any of the above, please **do not** provide initials and discuss with director/educators to have this request acknowledged.*

Parent/Guardian Signature: \_\_\_\_\_

### Custody Agreements (If applicable)

Please specify and **provide a copy** of the court order: \_\_\_\_\_



### Parent Policies

I acknowledge that I have read, understand and will abide to the policies and procedures outlined in the Happy House Daycare Policy Book.

Parent/Guardian Signature: \_\_\_\_\_

### Payment & Fee's

I acknowledge that all daycare payments are due on or before the first of every month. Acceptable methods of payment are: e-transfer to [lawuta7@gmail.com](mailto:lawuta7@gmail.com), cash or cheque.

Parent/Guardian Signature: \_\_\_\_\_

### Withdrawing from Care

I understand that a minimum of two weeks notice is required **in writing** when withdrawing from care.

Parent/Guardian Signature: \_\_\_\_\_

### Release of Information

I understand that Childcare Regulations require acknowledgment for authorities to review children's files for inspections. These files/information will only be shared to required authorities when needed for legal/licensing purposes.

Parent/Guardian Signature: \_\_\_\_\_

### Medical Information

Hospital preference: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child(ren) and waive my right to informed consent of treatment. I authorize any means of life saving intervention including blood transfusion. This waiver applies only if neither parent/guardian can be reached in the case of an emergency. In the event that a parent/guardian cannot be reached, or it is an immediate medical emergency and an ambulance must be called I authorize Happy House Daycare to take appropriate action and understand I, the parent/guardians, will take full responsibility for payment of any medical/acquired fees.*

Parent/Guardian Signature: \_\_\_\_\_

### Release of Liability and Consent

I give my full consent and approval for my child(ren) to participate in activities at Happy House Daycare, Happy House Daycare's designated play yard, Cold Lake Elementary School Playground, Neighbouring Playgrounds, and neighbourhood walks. I understand that there are certain risks of play that **may** result in damages and injuries in the participation of my child(ren) in such activities.

I confirm that my child(ren) is capable of participating in gross motor, gym and playground/area activities and that my child(ren) is healthy and has no known disability or infirmities that would restrict his/her full participation in such activities.

Please list any and all restrictions that may affect your child(ren)'s participation in gross motor activities that Happy House Daycare should be aware of:

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



### Release of Liability and Consent Cont'd

I understand that it is my child(ren)'s responsibility to abide by the rules and regulations imposed on the children by Happy House Daycare staff, for the safe conduct of activities.

I agree to save and hold harmless and fully indemnify Happy House Daycare staff and management, on the account that **all** safety procedures have been taken, from any and all liability for any personal injury or injury to any third-party child(ren) resulting from child(ren)'s actions/participation in the above mentions activities.

I release Happy House Daycare staff and management from any and all liability, on the account all safety procedures have been taken, for any injuries that my child(ren) may sustain as a result of activities taken place in the above-mentioned locations during the designated daycare hours for the duration of child(ren)'s enrollment at Happy House Daycare.

Parent/Guardian Signature: \_\_\_\_\_

### General Field Trip Permission

I give my full permission for my child(ren) to accompany Happy House Daycare on supervised community field trips and that they will be transported on general field trips by walking, public transit or yellow bus.

I understand I will be notified of these trips in advance and that it is my responsibility to see that my child reaches the program by the stated time of departure. I understand that if my child does not arrive to the center prior to the indicated departure time that I am held responsible to find alternative care or transportation to the destination and will not be reimbursed the daily fee for care missed.

By signing below, I release Happy House Daycare from liability in case of any personal accident/injury or injuries to any third-party individual resulting from my child's participation and actions during the activities related to, from and for the duration of this field trip, on account that mandatory safety procedures have been followed.

Parent/Guardian Signature: \_\_\_\_\_

### Getting to know your Infant (for children 19 months and younger)

Infant's General Mood (*happy, fussy, colic*): \_\_\_\_\_

Bottle or Breast-Fed: \_\_\_\_\_ Formula or Milk (*specify product*): \_\_\_\_\_

Bottle Preference (*warmed, room-temp, cold*): \_\_\_\_\_

Fluid/Milk Schedule: \_\_\_\_\_

Feeding Preferences (*solid, purees, fruits, veggies, meats*): \_\_\_\_\_

Sleeping Schedule: AM wake Time: \_\_\_\_\_ Nap: \_\_\_\_\_ PM Bed Time: \_\_\_\_\_

Wake up Routine (*slow to wake, change, feed*): \_\_\_\_\_

Bed Time Routine (*feed, rocking, back-rubbing*): \_\_\_\_\_

Comfort Items (*pacifier, teddy, blanket*): \_\_\_\_\_

Starting walking at what age? \_\_\_\_\_ Exposed to playgrounds at what age? \_\_\_\_\_

Other (*special concerns, routines, etc.*)? \_\_\_\_\_



### Distal Supervision for Out of School Care (for School-aged children only)

Distal Supervision can be defined as; *intermittent supervision by a staff for an activity in a close, separate space that is planned and has a time limit*. By allowing distal supervision we are providing the children with appropriate responsibilities, the tools to becoming independent and an opportunity for small group play. All children will be advised of the rules and expectations prior to the activity. Staff will be responsible for checking in on the group every 10 minutes to ensure safety is being maintained.

By signing below, you are giving Happy House Daycare permission to allow your **School-Aged child** to partake in activities where distal supervision may occur.

Parent/Guardian Signature: \_\_\_\_\_

### Health & Developmental History

Immunization up to Date (Yes / No): \_\_\_\_\_ Last date of immunization: \_\_\_\_\_

Does your child have any of the following illnesses/conditions?

\_\_\_\_\_ Allergies      \_\_\_\_\_ Asthma      \_\_\_\_\_ Heart Condition      \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Epilepsy      \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

Has your child previously had any of the following diseases?

\_\_\_\_\_ Chicken Pox      \_\_\_\_\_ German Measles      \_\_\_\_\_ Red Measles      \_\_\_\_\_ Mumps  
\_\_\_\_\_ Impetigo      \_\_\_\_\_ Strep Throat      \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

Has your child experienced/or appear to experience any of the following difficulties?

\_\_\_\_\_ Speech      \_\_\_\_\_ Eyesight      \_\_\_\_\_ Eating      \_\_\_\_\_ Sleeping  
\_\_\_\_\_ Hearing      \_\_\_\_\_ Earaches      \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

Does your child experience any of the following behavioral patterns?

\_\_\_\_\_ Temper      \_\_\_\_\_ Frequent Fights      \_\_\_\_\_ Nervous/Shy      \_\_\_\_\_ Emotional  
\_\_\_\_\_ Restlessness      \_\_\_\_\_ Short Attention Span      \_\_\_\_\_ Other (please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

Is your child on any ongoing medication? (If yes, please specify the name of medication and reasoning)

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

Has your child previously been hospitalized, had surgery, major injuries or other important medical intervention (please explain):

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

Food Likes: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_



## Health & Developmental History Cont'd

Type of eater: \_\_\_\_\_ Fluid preference: \_\_\_\_\_

Sleeping Habits: \_\_\_\_\_ Nap Schedule: \_\_\_\_\_

Toileting Schedule, Habits or considerations: \_\_\_\_\_

Dressing Habits (*independent, needs assistance with zippers, buttons, etc.*):  
\_\_\_\_\_

Behavior when separated from parents/guardians:  
\_\_\_\_\_

Separation Routine: \_\_\_\_\_

Child guidance techniques used at home: \_\_\_\_\_

Reactions to guidance techniques (*temper tantrums, easy going*): \_\_\_\_\_

Child's way of expressing emotions: \_\_\_\_\_

Specific Fears: \_\_\_\_\_

Ways of showing affection (*hugs, cuddles*): \_\_\_\_\_

Habits (*thumb sucking, nail biting*): \_\_\_\_\_

Child's experiences with other children: \_\_\_\_\_

Child's social behaviors: \_\_\_\_\_

Preference of activities (*crafts, reading, gross motor*): \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Siblings: \_\_\_\_\_

Culture/Ethnic background: \_\_\_\_\_

Family Holiday's and celebrations: \_\_\_\_\_

Child's experience with family members and other adults: \_\_\_\_\_

Other important persons in child's life: \_\_\_\_\_

Relationship with absent parent (*if applicable*): \_\_\_\_\_

Name of absent parent: \_\_\_\_\_ Visitation schedule: \_\_\_\_\_

Previous childcare arrangements: \_\_\_\_\_

General Drop-Off time: \_\_\_\_\_ General Pick-up time: \_\_\_\_\_

*We do ask that no drop-off's or pick-ups occur between 10:00am – 2:00pm.*

Consistent person(s) performing pick-ups/drop-offs at the center: \_\_\_\_\_