

Canadian Union of Public Employees

Childcare Registration Form

DATE OF BIRTH

____/____/____
YY MM DD

NAME OF CHILD: _____
(Surname) (Given Names)

Also known as: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____ SIN #: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____ SIN #: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, list an English speaking contact:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES _____ NO _____ Comments: _____

Comments/instructions to help us care for your child.

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

HEALTH INFORMATION

Child's Care Card Number: _____

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	Phone: _____
_____	_____	_____
_____	_____	Phone: _____

Does your child have:

A medical condition/concern? YES ___ NO ___

If yes, please provide further information: _____

Allergies? YES ___ NO ___

If yes, please provide further information: _____

Asthma? YES ___ NO ___

If yes, please provide further information: _____

Does your child require a special diet related to a medical condition? YES ___ NO ___

If yes, please provide further information: _____

You may be asked to complete additional forms if you answered yes to any of the above.

Parent's Comments (if any):

Custody Agreement YES N/A

Provided to Facility YES NO N/A

Information Provided By: _____
Print Name Signature

Information Received By: _____
Print Name Signature

DATE _____
YY MM DD