



KINDERCENTERS CHILDCARE INC..

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PART/FULL TIME CHILDCARE • GROUP DAYCARE • BEFORE/AFTERSCHOOL CARE



REGISTRATION FORM



Starting Date:
Full Name of Child:
Preferred Name (if different):

PERSONAL INFORMATION	
Child's Date of Birth:	Gender:
Address:	
Postal Code:	Phone:
Mother's name:	Father's name:
Address if different from above:	Address if different from above:
Phone:	Phone:
Work address/alternate location:	Work address/alternate location:
Phone:	Phone:
Cellular/pager:	Cellular/pager:
Hours at this location:	Hours at this location:
E-mail:	

PERSON (S) AUTHORIZED TO PICK UP YOUR CHILD:

Name: Relationship: Phone:

Name: Relationship: Phone:

Name: Relationship: Phone:

Name: Relationship: Phone:

PERSON (S) NOT AUTHORIZED TO PICK UP YOUR CHILD:

Name: Relationship: Phone:

EMERGENCY HEALTH INFORMATION:

Care Card Number:

Family Doctor Name:

Address: Phone:

CHILD'S IMMUNIZATION HISTORY

(Please record dates / year-month-day/ of immunization)

Birth Date:

Diphtheria	Pertussis	Tetanus	Polio	Measles	Mumps	Rubella
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.

COMMENTS

Complete Immunization:

- Record of vaccinations attached
- Record of vaccinations unavailable

Incomplete Immunization:

- My child has had some vaccinations
- My child has had no vaccinations
- I do not know

If available, please attach a photocopy of your child's vaccination record to this form.

HEALTH INFORMATION

(Please attach a separate sheet, if necessary)

Regular Medication (s) and Reasons For Taking It:

Allergies and Treatment Of:

Injury (s), Illness (s) Or Operations Your Child Has Had and Include Date (s):

Other Health Care Professionals Involved In Your Child's Life:

GROUP EXPERIENCES

Has Your Child Had Previous Play Group Experiences? YES NO

If Yes, How He/She Adapt?

How Does Your Child React When Left With Unfamiliar People Or Unfamiliar Situations?

Does Your Child Have Any Particular Fears?

What Suggestion Do You Have That Would Help Staff Make Your Child's Transition Into This Program Easier?

CUSTODY AGREEMENT

YES NO

If applicable, supply a copy of the Custody Order to the Licensee!

FAMILY AND GENERAL HOUSEHOLD INFORMATION

Please list the names of significant people in your child's life. (E.G., Siblings, grandparents, pets, etc.)

Primary language spoken at home:

Other languages:

English speaking contact (if applicable)

Phone:

ANY OTHER COMMENTS

NOTE: All information provided herein above will be held CONFIDENTIAL however, above information may be reviewed by respective Health Authority licensing department as per CCLR Legislation.

DAYCARE

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

PRESCHOOL

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

BEFORE and AFTERSCHOOL

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

SUMMER SCHOOL PROGRAM

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

PARENT/ GUARDIAN

Date: _____

_____ *Please Print First/Last Name*

_____ *Signature*

CHILD'S WITHDRAWAL DATE: _____

Date: _____

REASON FOR WITHDRAWAL: _____