

**Maple Tree Children's Centre Registration Form**

Facility: Pandora Aldersmith Phoenix Date of Enrollment:

First Day of Attendance: \_\_\_\_\_ End Date:

**Child**

Name of Child: \_\_\_\_\_

\_\_\_\_\_ Surname Given

Middle Name

Name Child Responds to: \_\_\_\_\_ Gender:

Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

**Parent/Guardian**

Name:

\_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code:

Phone #: \_\_\_\_\_ Email Address:

Place of Work: \_\_\_\_\_ Hours of Work:

Phone #: \_\_\_\_\_ Local: \_\_\_\_\_

Name:

\_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code:

Phone #: \_\_\_\_\_ Email Address:

Place of Work: \_\_\_\_\_ Hours of Work:

Phone #: \_\_\_\_\_ Local: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone #:

Medical Insurance Plan #/Care Card #: \_\_\_\_\_ Date Effective:

\_\_\_\_\_

**Alternative Person to Call/Pick-up Child in Case of Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Persons (Other than Parent/Guardian and Emergency Contacts) Authorized to Pick Up Child from Facility**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Person Not Permitted Access to Child**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are there any custody orders?    Yes        No    If YES, attach documentation.

**Names of Other Children Living at Home**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Has child had previous experience away from home? (Daycare, Preschool, Sunday School, ETC.)**

Yes        No

If Yes, Explain:

\_\_\_\_\_

Where? \_\_\_\_\_ Date of Attendance: \_\_\_\_\_

\_\_\_\_\_

Do you think your child feels comfortable leaving parents?    Yes        No

Explain:

\_\_\_\_\_

\_\_\_\_\_

**Does This Child Have Any Known Health Problems/Medical Disabilities?**        Yes

No

If YES, please list:

---

If YES, attach documentation.

**List Any Communicable Diseases Child Has had:**

---

**Has He/She Had Any Recent Illness?**      Yes      No

If Yes, Explain:

---

**ANY ALLERGIES?**      Yes      No

If YES, please list:

---

**If YES, attach special instructions to follow in the event of an allergic reaction.**

What is the child's eating habit?

---

Favorite Foods:

---

Strong Dislike:

---

**BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENTS/GUARDIAN**

(Attach Immunization Record- or Record the Dates)

First Visit - two months of age:      /      /      /	Fourth Visit - 12 months of age:      /      /      /
Diphtheria	Measles
Pertussis	Mumps
Tetanus	Rubella
Polio	Meningococcal C Conjugate
Haemophilus Influenza Type b (hib)	Varicella (chicken pox)
Hepatitis B	
Pneumococcal Conjugate	Fifth Visit - 12 months of age:      /      /      /
Meningococcal C Conjugate	Diphtheria
	Pertussis
Second Visit - two months after first visit:      /      /      /	Tetanus
Diphtheria	Polio
Pertussis	Haemophilus Influenza Type b (hib)
Tetanus	Hepatitis B
Polio	Pneumococcal Conjugate
Haemophilus Influenza Type b (hib)	
Hepatitis B	4 to 6 years of age:      /      /      /
Pneumococcal Conjugate	Diphtheria
	Pertussis

Third Visit - two months after second visit: / /	Tetanus
Diphtheria	Polio
Pertussis	Varicella (chicken pox)
Tetanus	
Polio	Other Immunization:
Haemophilus Influenza Type b (hib)	/ /
Hepatitis B	/ /
Pneumococcal Conjugate	/ /

**BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:**

I hereby give consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Caregiver Signature:

\_\_\_\_\_

Date: \_\_\_\_\_