Britters' Critters Daycare

Child Care Registration Form

DATE OF ENROLLMENT: *YYYY / MM / DD* LAST DAY OF CARE: *YYYY / MM / DD*

CHILD

NAME OF CHILD

SURNAME GIVEN MIDDLE NAME

NAME CHILD RESPONDS TO GENDER:

ADDRESS

DATE OF BIRTH *YYYY / MM / DD* FIRST DAY OF ATTENDACE *YYYY / MM / DD* END DATE *YYYY / MM / DD*

PARENTS/GUARDIAN

NAME

PLACE OF WORK PHONE

HOME ADDRESS PHONE

POSTAL CODE EMAIL

NAME

PLACE OF WORK PHONE

HOME ADDRESS PHONE

POSTAL CODE EMAIL

NAME OF OTHER CHILDREN LIVING AT HOME

NAME DATE OF BIRTH *YYYY / MM / DD*

NAME DATE OF BIRTH *YYYY / MM / DD*

NAME DATE OF BIRTH *YYYY / MM / DD*

MEDICAL INFORMATION

FAMILY DOCTOR PHONE

PERSONAL HEALTH NUMBER DATE EFFECTIVE

DOES THE CHILD HAVE ANY KNOWN HEALTH PROBLEMS / DIAGNOSIS ☐ YES ☐ NO IF YES, ATTACH DOCUMENTATION

ANY ALLERGIES ☐ YES ☐ NO IF YES, LIST

Created 12/17/2019 *Updated 05/20/2020*

IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

CHILDREN IN CARE ARE REQUIRED TO BE UP TO DATE WITH VACCINATIONS, ATTACH COPY OF VACCINATION RECORDS, OR COMPLETE THE SCHEDULE AND RECORD OF IMMUZIATION FORM FOUND AT THE BACK OF THIS FORM.

LIST ANY COMMUNICABLE DISEASES YOUR CHILD HAD HAD _____

_____

ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CARE OF EMERGENCY

(A minimum of ONE person must be listed here)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PERSONS (OTHER THAN PARENT/GUARIDAN AND EMERGENCY CONTACT) AUTHORIZED TO PICK-UP CHILD

(A minimum of ONE alternate person must be listed here)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PERSONS NOT PERMITTED ACCESS TO CHILD

NAME _____ PHONE _____

NAME _____ PHONE _____

ARE THERE CUSTODY ORDERS? ☐ YES ☐ NO IF YES, ATTACH DOCUMENTATION

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR THE CAREGIVER AND STAFF OF BRITTERS' CRITTERS DAYCARE TO CALL A MEDICAL PRACTICTIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN EMERGENCY, IF I CANNOT BE IMMEDIATELY REACHED. I AGREE THAT I SHALL BE SOLELY RESPONSIBLE FOR ANY COST INCURRED FOR SUCH SERVICES.

PARENT/ GUARDIAN SIGNATURE _____

PARENT/ GUARDIAN SIGNATURE _____

DATE _____

CAREGIVER SIGNATURE _____

DATE _____

BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN
(IF UNABLE TO SUBMIT A RECORD OF IMMUNIZATIONS, PLEASE FILL IN THE DATES BELOW)

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
	❑ **Pneumococcal Conjugate**
❑ **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 after third visit: YYYY / MM / DD
❑ **Meningococcal C Conjugate**	❑ **Diphtheria**
❑ **Rotavirus**	❑ **Pertussis**
	❑ **Tetanus**
Second Visit – two months after first visit: YYYY / MM / DD	❑ **Polio**
❑ **Diphtheria**	❑ **Haemophilus Influenza Type b (hib)**
❑ **Pertussis**	
❑ **Tetanus**	4 to 6 years of age: YYYY / MM / DD
❑ **Polio**	❑ **Diphtheria**
❑ **Haemophilus Influenza Type b (hib)**	❑ **Pertussis**
❑ **Hepatitis B**	❑ **Tetanus**
❑ **Pneumococcal Conjugate**	❑ **Polio**
❑ **Rotavirus**	❑ **Varicella (chicken pox)**
Third Visit – two months after second visit: YYYY / MM / DD	❑ **Measles**
❑ **Diphtheria**	❑ **Mumps**
❑ **Pertussis**	❑ **Rubella**
❑ **Tetanus**	Other Immunizations:
❑ **Polio**	YYYY / MM / DD
❑ **Haemophilus Influenza Type b (hib)**	YYYY / MM / DD
❑ **Hepatitis B**	*YYYY / MM / DD*
❑ **Rotavirus**	