

**SUTHERLAND EARLY LEARNING CHILDCARE CENTRE**  
Registration Information

**Child Photo**  
Please attach a 2x3  
head and shoulder  
photo of the child.  
Computer photos are  
acceptable.  
(exact size not shown here)

**Child and Parent Information**

Name of Child: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parents: Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Parents in Home: Both \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
Siblings Names: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

**Parent/Guardian Place of Work:**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Days/Hours of Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Days/Hours of Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Persons Authorized to Pick Up Child and/or be Contacted  
In Case of Emergency**

Parent or Guardian are automatically authorized to pick up child unless access denied by court order (in this case written documentation must be supplied)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Medical Information

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

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Carecard #: \_\_\_\_\_ Date Effective (Y/M/D) \_\_\_\_\_

Special Medications: \_\_\_\_\_

Vision / Hearing / Speech Problems: \_\_\_\_\_

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

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

Religious Affiliation (if applicable): \_\_\_\_\_

Parents' Comments (if any): \_\_\_\_\_

\_\_\_\_\_

## Permissions

I give permission to the staff at Sutherland Early Learning Childcare Centre to include my child's name, address, telephone number and names of parents on a list that will be sent home to all parents for the purpose of arranging outside-of-school activities.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission to the staff at Sutherland Early Learning Childcare Centre to take my child's picture during the school year. I understand that these pictures will be used for school related activities.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission for my child's picture to be used on the Sutherland Early Learning Childcare website.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission for my child to participate in walking trips with Sutherland Early Learning Childcare.

YES \_\_\_\_\_ NO \_\_\_\_\_

## Permission for Emergency Medical Aid in Case of Accident/Illness

I, \_\_\_\_\_ give permission to Sutherland Early Learning Childcare Centre to call a physician, ambulance, obtain emergency medical care in the case of accident or illness involving my child \_\_\_\_\_ when I cannot be reached immediately.

Date \_\_\_\_\_ Signature Parent/Guardian \_\_\_\_\_

### **HEALTH HISTORY FORM**

Name of child: \_\_\_\_\_

#### **IMMUNIZATION HISTORY:**

**Please attach a copy of your child's immunization record.  
Please alert the administrator if your child has not been immunized.**

Does your child have any condition that may require emergency care? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Indicate any special concerns you may have about your child (e.g. speech, vision, hearing, behavior etc.)

**I have read and agree to the terms of the parent agreement form.**

YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Do not fill in this section

School year: \_\_\_\_\_

#### **Half Day Session:**

Mon/Wed./Fri. am. \_\_\_\_\_ Tues./Thurs. am \_\_\_\_\_

Mon./Wed./Fri. pm \_\_\_\_\_ Tues./Thurs. pm \_\_\_\_\_

#### **Full Day session:**

2 days per week \_\_\_\_\_

3 days per week \_\_\_\_\_

5 days per week \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ P.D. Cheque (Aug. 1) \_\_\_\_\_