



**OFFICE USE ONLY:**  
Registration fee paid: Yes  No   
Application Date: \_\_\_\_\_  
Admission Date: \_\_\_\_\_  
  
# of keytags/dep pd: \_\_\_\_\_  
  
EFT  1<sup>st</sup> month pd   
  
Withdrawal Date: \_\_\_\_\_  
Reason: \_\_\_\_\_

**THE CHILDREN'S GARDEN**  
**REGISTRATION FORM**

Please return this form with a cheque for the first months' payment and a \$25 registration fee (per child) payable to The Children's Garden Inc.

Cost: \$46.50/day or \$823/month (please circle one)

Child's Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Health Card #: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone : \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_

Work Phone# : \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_

Work Phone# : \_\_\_\_\_

Email Addresses:

Cell Phone #: \_\_\_\_\_

Sex and ages of other children in the home:

Any other members of the household (grandparents, pets, etc.):

Person to be contacted in an emergency if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The relationship of this person to the child/family:

**OTHER USEFUL INFORMATION:**

Has your child had any previous experience with preschool? YES / NO  
Do you consider this to have been a good experience for him/her? YES / NO  
Favorite play activities? \_\_\_\_\_  
Does he/she have a good appetite? YES / NO  
State particular likes/dislikes: \_\_\_\_\_  
If upset, how does your child like to be comforted?  
\_\_\_\_\_

**HEALTH INFORMATION:**

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of office/clinic: \_\_\_\_\_  
Which communicable diseases has your child had (measles, mumps, etc.):  
\_\_\_\_\_  
Any known allergies: \_\_\_\_\_  
Is your child under a doctor's care for any particular reason? YES \_\_\_\_ NO \_\_\_\_  
If yes, why? \_\_\_\_\_  
Is he/she on any medication? YES \_\_\_\_ NO \_\_\_\_ If yes, what ? \_\_\_\_\_

**PICK-UP AUTHORIZATION:**

Who, other than the child's parents/guardians, has permission to pick up your child from the daycare? (Please make sure to sign at the bottom of this box)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Phone Number for this person

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Phone Number for this person

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Phone Number for this person

\_\_\_\_\_  
**Signature of parent(s) or guardian(s)**

**EMERGENCY AUTHORIZATION:**

I am willing for my child, \_\_\_\_\_, to have medical attention and be taken to the hospital in the case of emergency, if I/we cannot be reached.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**EMERGENCY TYLENOL/MOTRIN AUTHORIZATION:**

I authorize my child, \_\_\_\_\_, to have the following medication \_\_\_\_\_ in the dosage appropriate for his/her age, when needed, in an **EMERGENCY situation only** (for example, a very high fever) if I cannot be reached.

\*You will still be asked to fill out a separate form for any medications you request your child is given in our care, INCLUDING Tylenol or Motrin. This authorization ONLY applies to an emergency situation.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**PHOTOGRAPH PERMISSION:**

I am willing to allow my child, \_\_\_\_\_, to be photographed during our program for the purpose of display within the childcare centre.

\*\*Please be advised that The Children's Garden Inc. also has a **Facebook page** which is operated by the Owner of the childcare centre, who is the only person with the ability to post pictures on the site. Pictures that are posted with children in them are scrutinized prior to posting to ensure children in photos are NOT identifiable (ie., from the neck down, with a hat on that covers the face, from the back). \*\*

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**FIELD TRIP AUTHORIZATION:**

I allow my child, \_\_\_\_\_, to participate in field trips organized by The Children's Garden (The Children's Garden will advise of such outings in advance, if any take place).

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

**NEIGHBORHOOD WALK AUTHORIZATION:**

I allow my child, \_\_\_\_\_, to participate in neighborhood walks organized by The Children's Garden Inc.

\_\_\_\_\_  
Signature of parent(s) or guardian(s)

I have received, read and agree to the terms of the **POLICIES** of The Children's Garden:

Please sign: \_\_\_\_\_ Print Name: \_\_\_\_\_

**\*\*\* Please note: Should you register your child with us, one month's written notice must be given to cancel his/her registration or monies will not be refunded. Tax receipts, however, will be issued for all monies paid. \*\*\***