



**THE CHILDREN'S GARDEN
REGISTRATION FORM**

OFFICE USE ONLY:
Registration fee paid: Yes No
Application Date: _____
Admission Date: _____

of keytags/dep pd: _____

EFT 1st month pd

Withdrawal Date: _____
Reason: _____

Program: Toddler/Preschool: Full time or part time [M T W Th F] (please circle)
School Age: Before School and/or Afterschool (please circle)
School Age: Full days and/or Summer Camps (please circle)
School Age: Elementary of Attendance: _____

****Please note:** You will be charged a one-time registration fee of **\$25.00**, as well as a **\$20.00** fee for a swipe key, due with your first month of fees.

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 Address(es): _____ **Cell Phone #:** _____

Other members of the home (other children, pets, other adults):

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

****Please note: We will assume this person can pick-up at any time without notice**

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

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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/ADVIL 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, Motrin or Advil. 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. *****