

BRIGHTON CHILDREN'S CENTRE

Registration Form

Name of Child: _____ Date of Birth: _____

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Place of Work: _____ Place of Work: _____

Work Phone Number: _____ Work Phone Number: _____

Driver's License # _____ Other ID _____

EMERGENCY CONTACT PERSON (OTHER THAN PARENTS)

Name: _____ Phone Number: _____

Address: _____ Relationship to child: _____

NAME OF PERSONS TO WHOM THE CHILD MAY BE RELEASED

1) _____ 2) _____

3) _____ 4) _____

MEDICAL INFORMATION

Physician: _____ Health Card #. (optional): _____

Address: _____ Phone Number: _____

Please indicate which of any of the following communicable diseases your child has had:

Red Measles _____ Rubella(German Measles) _____ Chicken Pox _____

Pertussis(Whooping cough) _____ Mumps _____ Hepatitis A _____ B _____

Other _____

Children attending licensed child care must have confirmation of current immunizations or an approved exemption form.

Does your child have any Allergies, Medical Concerns or Special Needs (ie. anaphylaxis, asthma, developmental delays)?

YES NO

If YES, please explain in detail the nature of the Special Needs, Medical Concern or Allergy.

According to our policy, an Anaphylaxis plan will be created for children who carry epi-pens, An Individualized Plan for a Child with Medical or Special Needs will be created for children that require additional support, accommodation or assistance. Children with food allergies should have a list of foods they **can not** have on file. If more room is required, please use the reverse of this form.

Does your child take any medication daily? YES NO What & When _____

Any special instructions regarding rest/sleep (Preschool Children)?

Specific symptoms indicative of your child's ill health? _____

Parent/Guardian's Signature

Date

<p>Office use only: Registered days: Mon____ Tues____ Wed____ Thurs____ Fri____</p> <p>Before School only_____ After School only:_____ Both:_____</p> <p>\$20 Registration Fee Paid?_____</p> <p>Date of Admission_____ Date of Withdrawal_____</p>
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