A BRIGHT BEGINNING CHILD CARE CENTRE ENROLMENT FORM

Requested Start Date: Start date (office use) _____	Date of Birth Age
Child's Name:	Child's Primary address
Gender: ☐Male ☐ Female Siblings	_____ Health Care # (Required): Prov.

Hours of Care Needed:	☐ Full Time	☐ Regular Part Time *Schedule will be required monthly*	☐ Drop In / Casual

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick-Up Time					

Parent or Legal Guardian Information	
Mother (or Guardian 1) Information	**Father (or Guardian 2) Information**
Name:	Name:
Home Address: Postal Code	Home Address: Postal code
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
Email Address:	Email Address:

Emergency Contact	Health
Name:	Allergies or special Dietary needs☐ no ☐ yes give brief description
Relationship:	
Address(required):	Health issues or conditions☐ no ☐ yes give brief description
Home Number:	
Cell Number:	Family Doctor/Clinic Phone number
Work Number:	Immunized ☐ Yes ☐ No

Any other information

FOIP Statement
Information gathered is used sole for the purpose of the Centre and it's staff, to place the child at the Centre

It is the parent's responsibility to periodically contact the Centre to insure that child's name remains on the wait list. Please call actively to update information on hours of care needed and changes to contact information. Your contact dates will be recorded. In the event that there is no contacts made for 3 months child's name will be removed from the wait list. Call actively if this Centre is for you. Thank you.

Signature of Parent or Guardian:	Date:

Log in calls with dates (office use)

Enrollment Information	
Child's Name	Date of Birth
Start Date	Attendance

Medical Information	
Child's Doctor's Name:	Doctor's Phone Number:
Allergies or Special Needs:	
Medication taken on a regular basis and medical condition for which it is taken:	
Immunization Up to Date? ☐ Yes ☐ No	Date of Last Immunization:

History of Illness / Medical History			
Has your child had any of the following illnesses? Please check (☑)			
☐ Mumps	☐ Measles (red)	☐ Measles (German)	☐ Chicken Pox
☐ Scarlet Fever	☐ Whooping Cough	☐ Tonsillitis	☐ Frequent Colds
☐ Convulsions	☐ Croup	☐ Pneumonia	☐ Asthma
☐ Eczema	☐ Frequent Earaches	☐ Injuries*	☐ Other*
* Please Describe:			
Does your child have any congenital deformities?		☐ Yes ☐ No	
If Yes, Please Comment:			
Are there any restrictions on the kind and/or amount of physical activity your child may participate in?		☐ Yes ☐ No	
If yes, please comment:			
Has your child undergone surgery?		☐ Yes ☐ No	
If yes, please comment:			

Are there any special diets or foods necessary for your child's health? ☐ Yes ☐ No
If yes, please discuss and note necessary information:
Does your child have any birthmarks ☐ Yes ☐ No
Describe:

Social Information	
Names and Ages of Brothers and Sisters:	
Name:	Age:
Name:	Age:
Marital Status of Mother (Guardian 1):	Languages spoken at home
Marital Status of Father (Guardian 2):	
Does Your Child Have a Nickname? ☐ Yes ☐ No Nickname:	
Other persons that can remove child from Centre _____ contact # _____ _____ contact # _____ _____ contact # _____	
Access Restrictions – Please name anyone NOT allowed to access your child	

Food& Care Needs	
Foods your child likes:	
Foods your child dislikes:	
Foods you do not permit:	
If chid has bottle does he/she need/have for nap?	☐ Yes ☐ No
Do you have a preference in diaper	☐ cloth ☐ disposable brand _____
Is your child completely trained?	☐ Yes ☐ No
Does your child need help?	☐ Yes ☐ No

Discuss the area of toilet training and note any necessary information as to bathroom routines, training procedures, or reinforcement.	
Does your child need help dressing?	☐ Yes ☐ No☐ child under 3years
If yes, what kind of help is needed?	
Does your child have any fears, problems, or concerns with sleeping times?	☐ Yes ☐ No
Discuss and note necessary information.	
Does your child have any problems or concerns with nap time or rest time ☐ Yes ☐ No	

Play	
Most of the time does your child prefer:	
☐ Playing by him/herself	☐ Playing with older children
☐ Playing with own age	☐ Being with adults
☐ Playing with younger children	☐ No preference
Does your child have any imaginary playmates?	☐ Yes ☐ No
Please discuss and comment:	
Does your child enjoy:	
Indoor Play? Outdoor Play? Active Play? Quiet Play?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
What kind of play does your child really enjoy?	

Is there anything about the way your child shows affection, anger, or fear that the child care staff should know? Please comment.	
Is your child shy?	☐ Yes ☐ No ☐ Sometimes
With Whom?	
When?	
Of what is your child afraid?	
Does your child have a favourite toy, blanket or soother that he/she could bring to the child care centre?	
What characteristics in your child development would you like:	
Encouraged?	
Discouraged?	
Please discuss in detail any information relating to the child that would be helpful to the staff of the child care centre in understanding and caring for the child. Please note any comments and information.	

Date Form completed _____/_____/_____ Signature_____