

Child Care Registration

Please be advised, as per Section 16 (1) of the Community Care Facility Act, CCFL can call for and inspect all records of a community care facility.

The following information for EACH child MUST be obtained BEFORE a child receives care:

NAME: _____ SEX: _____ BIRTHDATE: _____

PARENT/GUARDIAN: _____ PHONE: _____ FAX: _____

HOME ADDRESS: _____ Postal Code _____

E-MAIL ADDRESS: _____

PLACE OF WORK: _____ HOURS: _____

WORK ADDRESS: _____ PHONE: _____ FAX: _____

2ND PARENT: _____ PHONE: _____ FAX: _____

HOME ADDRESS: _____ Postal Code _____

E-MAIL ADDRESS: _____

PLACE OF WORK: _____ HOURS: _____

WORK ADDRESS: _____ PHONE: _____ FAX: _____

FAMILY DOCTOR: _____ PHONE: _____ FAX: _____

OFFICE ADDRESS: _____ MEDICAL PLAN: _____

PERSON TO CONTACT IN AN EMERGENCY: _____

RELATIONSHIP TO CHILD: _____ PHONE NOS. _____

I hereby authorize the following people:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

to pick up my child at : _____

Signature of Parent or Guardian _____ Date _____

Attach any special instructions regarding child release or visits (e.g. custody agreements, court order, etc.)

SIBLINGS:

NAME	BIRTHDATE	NAME	BIRTHDATE

PLEASE COMPLETE BOTH SIDES OF FORM

Has child had previous experience away from home? YES NO

If yes, explain _____

Sleep habits of child: Nap _____

Bedtime routine: _____

Special comments or instructions for the caregiver: _____

Describe child's toileting routine, words used, assistance required: _____

Has this child had health problems or developmental concerns (i.e. vision, hearing or speech)?

YES NO:

If yes, describe: _____

SPECIALIST/SUPPORT WORKER: _____ PHONE: _____ FAX: _____

List communicable diseases child has had: _____

Does this child have any allergies? YES NO

If yes, list foods, medications, or other: _____

Attach any special instructions and procedures to follow in the event of an allergic attack.

What are this child's eating habits?

(a) Favourite foods: _____

(b) Strong dislikes: _____

(c) Religious or ethnic observances: _____

(d) Infant/toddler feeding schedule: _____

Date of interview _____

Date of enrolment _____

Signature of Caregiver _____

Signature of Parent or Guardian _____