

# Lil' Bloomers Childcare Registration Form

Child's start date: \_\_\_\_\_

Child's last day \_\_\_\_\_

1. Child's Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
Date of birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

2. Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone# \_\_\_\_\_ Work/cell phone# \_\_\_\_\_  
Place of work \_\_\_\_\_ Hours of work \_\_\_\_\_

3. Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone# \_\_\_\_\_ Work/cell phone# \_\_\_\_\_  
Place of work \_\_\_\_\_ Hours of work \_\_\_\_\_

4. Emergency Contact Person \_\_\_\_\_  
Home phone# \_\_\_\_\_ Work/cell Phone# \_\_\_\_\_

5. Persons authorized to pick the child up from care or be contacted in case of an emergency. Please include your emergency contact.

(1.) \_\_\_\_\_ phone# \_\_\_\_\_  
(2.) \_\_\_\_\_ phone# \_\_\_\_\_  
(3.) \_\_\_\_\_ phone# \_\_\_\_\_  
(4.) \_\_\_\_\_ phone# \_\_\_\_\_

7. Is there a custody agreement of restraining order in place? \_\_\_\_\_  
If so a copy must be provided.

8. Is there anyone who is NOT allowed access to your child? \_\_\_\_\_  
\_\_\_\_\_

9. How did you hear about our Childcare center? \_\_\_\_\_

10. Daycare hour's needed \_\_\_\_\_

10. Health Information

BC Care Card Number \_\_\_\_\_

Family physician \_\_\_\_\_ phone # \_\_\_\_\_

Other health professionals involved with your child?

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone# \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ If so please give special instructions

\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns with your child's vision, hearing or speech? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies and or dietary restrictions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. \*\*\* A photo copy of your child's immunizations must be provided before your child can attend. If you do not have them talk to your local health unit \*\*\*

13. Any further information or concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What do you hope that your child will gain from his/her child care experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

