

SHAWKWUNLEE DAYCARE

Registration Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Is your child a CAFN Citizen? (Y/N)  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of care needed:

Full-time (Mon-Fri) Hours: \_\_\_\_\_ to \_\_\_\_\_

Other: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace/School: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work/school: \_\_\_\_\_  
Cell \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace/School: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work/school: \_\_\_\_\_  
Cell \_\_\_\_\_

Brothers, sisters or others living in the child's home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pets: \_\_\_\_\_

**ALTERNATE CONTACTS**

**The following persons are authorized to pick up my child in the case of an emergency:**

*Please provide at least 2 alternate contacts*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**The following persons are NOT authorized to pick up my child from the daycare program:**

*(Please provide copies of any relevant court orders)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**HEALTH INFORMATION**

1. Are you child's immunizations up to date? Yes \_\_\_\_ No \_\_\_\_

2. Does your child have any allergies? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details, including symptoms of the allergic reaction and any treatment.

\_\_\_\_\_

\_\_\_\_\_

3. Has your child ever had an allergic reaction to a bite or sting? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details, including symptoms of the allergic reaction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has your child required any special medical care or hospitalization since birth?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child receive daily medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Does your child experience any side effects? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Has your child had chicken pox? Yes \_\_\_\_ No \_\_\_\_

7. Is your child subject to any of the following (please check any that apply):

\_\_\_\_ Asthma                      \_\_\_\_ Constipation                      \_\_\_\_ Sore throat

\_\_\_\_ Bronchitis                      \_\_\_\_ Diarrhea                      \_\_\_\_ Hay fever

\_\_\_\_ Colds                      \_\_\_\_ Ear infections                      \_\_\_\_ Nose bleeds

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

8. Does your child have any difficulties with any of the following:

Speech/Language: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your child have any food restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does your child have any sleeping difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please describe your child's usual sleeping habits: (bedtime, wake-up time, naps)

11. Have there been any significant changes in your child's life in the past year (e.g. death, separation, etc)? \_\_\_\_\_  
\_\_\_\_\_

**SELF HELP**

Does your child dress and undress his/her self? \_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child need assistance in the bathroom routine? \_\_\_\_\_  
\_\_\_\_\_

Does your child need any assistance with eating? \_\_\_\_\_  
\_\_\_\_\_

**EMOTIONS**

Does your child have any definite fears? \_\_\_\_\_

How does your child act when he/she is afraid or nervous? \_\_\_\_\_  
\_\_\_\_\_

How does your child act when angry or frustrated? \_\_\_\_\_  
\_\_\_\_\_

How do you comfort your child when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_  
\_\_\_\_\_

**CONSENTS:**

**Field Trip & excursions**

I give permission for my child to go on excursions with the program to places of interest that are within 25 minutes walking distance from the program facility. I understand that the program will do it's best to give me prior notice of these outings. I will receive a specific consent form for excursions that are more than a 25 minute walk from the facility.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Daycare Manager

**Photos & videos**

I give permission for photographs and videos of my child to be used in publicity in which the program participates (i.e., newsletters, newspaper, CAFN website).

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Daycare Manager

**Medical consent**

If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand this may involve calling a physician or nurse, carrying out the instructions given and/or transporting my child to a health facility, including the possible use of an emergency vehicle. I understand that any expenses incurred for such treatment, including emergency transportation, is my responsibility.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Daycare Manager

**Policy Agreement between  
Shawkwunlee Daycare  
& Parent/Guardian**

This agreement certifies that you have read the Parent Handbook and agree to abide by the Policies as outlined. This agreement must be signed and on file before your child's enrollment is finalized.

I, \_\_\_\_\_, have read the Parent Handbook.  
I understand the policies and agree to abide by them.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

EMERGENCY RECORD

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Surname) (First Name)

Health Care Number: \_\_\_\_\_

**Parent(s):**

Mother's Name: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_

**Doctor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic/Practice: \_\_\_\_\_

Allergies and/or medical conditions:

---

---