



**Child Registration Form**

We require a \$100 non-refundable administration fee for each child you register in the Tisbury Daycare and OSC Center.

I have read and understood the "Family Policy Handbook".

We require 30 days written notice if you decide to withdraw your child from the center. If you fail to provide 30 days notice, you will be responsible for the following month's fees in full.

If you require childcare subsidy, please ensure that you have subsidy in place prior to the first day of attendance. You will be responsible for any fees not covered by subsidy after the first day of attendance at Tisbury Daycare and OSC Center.

All fees are due on the 1<sup>st</sup> of each month. If we do not receive payment by the 5<sup>th</sup> business day of each month, a \$50.00 late charge will be added to your fees.

NSF fee of \$50.00 will be applied per NSF cheque.

Your signature below indicates that you have read, understood, and agree with all statements mentioned above.

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

Director/Owner: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

**Child Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Individuals authorized to pick up your child (other than persons listed above)

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

**Health Information:**

Physician Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Child's AHC: \_\_\_\_\_  
Allergies/Intolerances: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_

Is your child's immunization up to date? Y  N   
Is your child on any regular medication? Y  N

If yes, please list names of medication and reason for taking them below:

\_\_\_\_\_

\_\_\_\_\_

History of serious illnesses?  
Chicken pox Y  N   
Measles Y  N   
Other: \_\_\_\_\_

\_\_\_\_\_

We the parent(s) of \_\_\_\_\_ are in agreement that should any medical attention (beyond basic first aid) be required for our child, emergency services may be contacted, and that we do not hold the daycare responsible for any medical expenses.

\_\_\_\_\_  
Parent/guardian Parent/guardian Date

We the parent(s) of \_\_\_\_\_ are in agreement that all information provided above is accurate and up to date to the best of our knowledge.

\_\_\_\_\_  
Parent/guardian Parent/guardian Date

**General Information**

Do you have any previous experience with Daycare/Day homes? Y  N

General pick up and drop off times: \_\_\_\_\_

Does your child attend school? Y  N

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

Method of Transportation: \_\_\_\_\_

Does your child require a nap? Y  N

If yes, how long? \_\_\_\_\_

What helps them sleep? \_\_\_\_\_

Is your child toilet trained? Y  N

What is your child's reaction to stress?

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

Do you use any discipline methods at home? Y  N

If yes, please describe them below:

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

Any other information:

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

**Permission Form**

Description	Parent(s) Initials	Date
I give consent for my child to be photographed in pictures used in the center, website, advertisements, and local print media.		
I give consent for my child to be photographed in pictures used within the center only.		
I give consent for staff to require emergency services if necessary (i.e. call ambulance). I understand that the daycare is not responsible for any cost incurred in the process.		
I give consent for the daycare to share information with outside agencies (i.e. student transportation, school, government agencies, fieldtrips)		
I give consent for my child to be included in special activities where face paint may be used.		
I give consent for my child to be included in special activities where nail polish may be used.		
I give consent for my child to be included in special activities where temporary tattoos may be used.		
I give consent for staff to apply sunscreen (SPF 30+) to my child's skin before outside play/activities.		
I give consent for staff to apply bug spray to my child before outside play/activities during summer months.		
I give consent for my child to participate in regular outing where proper ratios and supervision is always maintained. (i.e. visit neighbourhood parks or walks)		
I give consent for my child to sleep on an individual sleeping mat during nap time. (children under 12 months are excluded from this, as they nap in cribs.)		

## All about me

My name is \_\_\_\_\_

I am \_\_\_\_\_ years old

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

Their name(s) and age(s)

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I have a pet(s) Y  N

If yes, tell us about your pet(s)

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My favourite food is \_\_\_\_\_

My favourite colour is \_\_\_\_\_

My favourite toy is \_\_\_\_\_

Favourite things to do inside \_\_\_\_\_

Favourite things to do outside \_\_\_\_\_

General likes and dislikes

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Any extracurricular activities?

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Main language used at home \_\_\_\_\_

Please let us know any other information that you think may be relevant

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