

Health and Developmental Information

****SPECIAL FOOD PREFERENCES:** (EXAMPLE; NO MEAT) _____

Does your child have any allergies? _____

If so, how does it usually manifest itself? Asthma _____ Hay Fever _____ Hives: _____

Other (explain): _____

Please list any daily medications given to your child: _____

Please explain if your child has had any medical or emotional conditions requiring treatment in the last year: _____

Please list any serious illnesses that your child has had, and provide date as to when the illness occurred:

1. List any particular fears of your child: _____

2. List favorite activities of your child: _____

3. Describe previous daycare/out of school care experience:

4. Describe stage of potty training (if applicable): _____

5. What words do you use with your child while potty training? (if applicable) _____

6. What is your child's typical reaction to new experiences? _____

7. What is your child's typical reaction to illness? _____

8. Outline your method of disciplining your child? _____

9. If your child, in the last year, has had difficulty with any of the following, please explain:

1. Speech: _____ 6. Ear Aches: _____

2. Vision: _____ 7. Fever: _____

3. Feeding/eating: _____ 8. Heart condition: _____

4. Sleeping: _____ 9. Convulsions: _____

5. Bowels: _____ 10. Frequent colds: _____

If your child is not developing as you think he/she should be for their particular age, please explain:

What goals do you have for your child to accomplish over the next year?

Has your child been immunized? ___ Yes ___ No Are immunizations up to date? ___ Yes ___ No

For your information:

PARENT TO INITIAL EACH LINE TO ACKNOWLEDGE UNDERSTANDING AND ACCEPTANCE OF THE POLICIES AND PROCEDURES.

___ Withdrawal Policy - **One month's prior notice or one month's tuition is payable upon the child's withdrawal from the day care or after school care. Written Notice shall be provided to the Centre prior to the first (1st) of the month for following month's withdrawal to be in effect.**

___ The registration fee and deposit is payable upon acceptance of this form, and will guarantee a space for the child that is registered. However, if the parent/guardian shall choose not to use the space for the designated dated stated on page 1, the Centre shall not reimburse the registration fee nor the deposit.

___ Information contained in the registration form is extremely important for the proper care of your child especially in the event of an emergency situation. Please make sure the information is correct and up to date.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL WITH THE CENTRE STAFF.

Agreement Between Parent and Centre

Please read the below carefully, and *sign page 5* in acceptance of all Centre Policies, Procedures, and Conditions noted in the *Registration Form and Parent Handbook*.

The legal guardian will signify acceptance of the following policies and conditions by completing this form and returning it to the day care and after school care.

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the day care and/or after school care.

I hereby grant permission for my child to leave the day care and/or after school care premises under the supervision of a staff member for neighborhood walks, to play in the community playgrounds and/or field trips in an authorized vehicle, including transportation to and from school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the day care and/or after school care.

I hereby acknowledge receipt of the "Parent Handbook" and agree to the conditions and policies outlined in that handbook and I agree to pay all fees for the day care or after school care services.

I hereby grant permission for the most senior staff on duty to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following;

1. Attempt to contact a parent or guardian;
2. Attempt to contact the child's physician;
3. Attempt to contact emergency contact persons if unable to contact the people listed in the first two steps;
4. If necessary, we will also do any of the following
 - a) call another physician or the paramedics
 - b) call an ambulance, all charges that apply will be the responsibility of the registered child's parent or guardian
 - c) have the child taken to a hospital in the company of a staff member
 - d) authorize any emergency medical treatment required

I hereby acknowledge that as legal guardian, I assume all responsibility for any medical expenses

incurred in my child receiving emergency medical care.

I hereby understand that the day care and/or after school care will not be responsible for anything that may happen as a result of false information given or pertinent information withheld at the time of enrollment.

I hereby acknowledge that the day care and/or after school care will not assume responsibility for a child who has not been signed-in upon arrival for the day.

I and or legal guardian hereby understand that the day care and/or after school care assumes no liability concerning lost or damaged items such as articles of clothing and toys brought to the day care or after school by the child's legal guardian.

I hereby grant permission to post information pertaining to my child, such as child's name, allergies, medication requirements, birthdays, pictures taken during day care/after school care hours or pictures brought in from home, etc..

I agree to pay the \$20 "No Call" fee if, as the parent/guardian, have not fulfilled my responsibilities of the Lessard Daycare & Out of School Care Transportation Policy and No Call Policy. Payment is required same day or next business day.

Signature of Legal Guardian

Date

Staff Signature

Date