



## Elizabeth's Early Learning Centre Registration

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M F O

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

### Healthcare Information

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

**\*Please include your child's immunization record.\***

About your child

Favourite foods: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is an epi-pen needed? \_\_\_\_\_

Diet concerns and habits: \_\_\_\_\_

\_\_\_\_\_

What does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your child's biggest fears and interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What self help skills is your child capable of?(zippers, buttons, toileting, etc) \_\_\_\_\_

\_\_\_\_\_

What skills is your child working on? \_\_\_\_\_

\_\_\_\_\_

Does your child nap, for how long? \_\_\_\_\_

\_\_\_\_\_

How does your child best fall asleep? \_\_\_\_\_

\_\_\_\_\_

Has your child been in previous care before; if so how was the experience? \_\_\_\_\_

\_\_\_\_\_

Authorized people to pick up (Emergency pickup):

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

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

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

Unauthorized people to pick up:

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

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

**\*If there is a court order in place please include current documentation.\***

The daycare often goes on field trips and to local parks in the community. Each child transported will be in proper car seats for their age and development.

Please sign permission for Elizabeth Hayes to transport your child(ren)  
\_\_\_\_\_ by vehicle.

Guardian: \_\_\_\_\_

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

Guardian: \_\_\_\_\_

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