



Registration Form 2017-2018

Child's Name:	_____
Child's Age:	_____
Child's Date of Birth:	_____
Child Resides With:	_____

Guardian's Name:	_____
Address:	_____
Telephone Number(s):	_____
E-mail Address:	_____

Guardian's Name:	_____
Address (if different):	_____
Telephone Number(s):	_____
E-mail Address:	_____

Program Preferences (Check one box)

- Tuesday Thursday Both Days

Would you prefer to receive program news/updates via phone or email?

Would you prefer to receive invoices via email or paper copy?

In case we are unable to contact you, please provide additional emergency contacts

Name: _____
Relationship to Child: _____
Telephone Number(s): _____

Name: _____
Relationship to Child: _____
Telephone Number(s): _____

Who has permission to pick up your child from the program other than yourself?

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____

Health & Wellness Information

Child's Health Card Number: _____
Expiry Date: _____
Doctor or Clinic's Name: _____
Telephone Number: _____

Does your child have any ongoing medical conditions? If so please describe:

Does your child have any allergies? If so please describe:

Is your child taking any medication? If so please describe:

*please note that if your child requires prescribed medication while at Childspace you will need to fill out a Medicine Administration Form

Does your child have all up-to-date immunizations?

How would you describe your child's overall health & wellness?

Does your child regularly use any preventative or natural health products? If so please describe:

<p>Does your child have any fears/anxieties that may impact them while participating? If so, please describe:</p>	<hr/> <hr/> <hr/>
<p>Does your child have any dietary restrictions? If so, please describe:</p>	<hr/> <hr/>
<p>Does your child require any assistance when using the bathroom? If so, please describe:</p>	<hr/> <hr/>
<p>Does your child nap or rest during the day? If so, please describe (include length of time, calming routines, time of day):</p>	<hr/> <hr/> <hr/>
<p>Is there anything else related to your child's health and wellness that you feel is important to share?</p>	<hr/> <hr/>

Family Culture

<p>Please describe the composition of your family:</p>	<hr/> <hr/>
<p>Describe a typical day with your family:</p>	<hr/> <hr/> <hr/>

<p>What activities do you enjoy doing together?</p>	<hr/> <hr/>
<p>What are some of your child's preferred interests or activities?</p>	<hr/> <hr/>
<p>List & describe important celebrations, holidays, & cultural practices in your family:</p>	<hr/> <hr/>
<p>What languages are spoken in your household and/or with your extended family?</p>	<hr/> <hr/>
<p>What are you hoping your child gains from participation in this program?</p>	<hr/> <hr/>
<p>What do you feel are your child's greatest strengths?</p>	<hr/> <hr/>
<p>Anything else you would like to share about your child or family?</p>	<hr/> <hr/>

Parent/Guardian's Signature: _____ **Date:** _____

Liability Waiver 2017-2018

Please read the following statements carefully and ensure that they are understood before initialling and signing.

I _____ hereby give my child _____
(parent/guardian) (child's full name)

permission to take part in all activities associated with Experience Childspace Early Learning.

I release Experience Childspace Early Learning and its educators from any liability associated with my child's participation in the program. Initial: _____

I consent for the qualified first aider on site to treat my child and act as they deem necessary in case of an emergency. Initial: _____

I consent to my child going on off site outings while attending Experience Childspace Early Learning. Initial: _____

I have read over and understand the policies associated with Experience Childspace Early Learning (found on website). Initial: _____

I consent to my child being photographed to document their learning and understand that these photographs may be shared by Experience Childspace Early Learning on the website, social media accounts, and in print media. Initial: _____

I understand that a large portion of Experience Childspace Early Learning is set outside and that it is my responsibility to ensure that my child is dressed appropriately to participate, whatever the weather may be. Initial: _____

Parent/Guardian's Signature: _____ Date: _____

Print Name: _____