



CHILD CARE REGISTRATION FORM

*NAME OF FACILITY: _____

DATE OF ENROLLMENT: _____
MO/DD/YY

*NAME OF CHILD: _____
SURNAME GIVEN MIDDLE

NAME CHILD

RESPONDS TO: _____

*DATE OF BIRTH: _____
MO/DD/YY

*ADDRESS: _____

*SEX: _____

HAIR COLOUR: _____

EYE COLOUR: _____

PARENT/ GUARDIAN

*NAME: _____

PLACE OF WORK: _____

WORK PHONE: _____ EXT: _____

*HOME ADDRESS: _____

*PERSONAL PHONE: _____ HRS OF WORK: _____

*POSTAL CODE: _____

*EMAIL: _____

NAME: _____

PLACE OF WORK: _____

WORK PHONE: _____ EXT: _____

HOME ADDRESS: _____

PERSONAL PHONE: _____ HRS OF WORK: _____

POSTAL CODE: _____

EMAIL: _____

ALTERNATE PERSON TO CALL/PICK UP CHILD IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIANS. YOU MUST LIST AT LEAST ONE)

*NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ARE THERE PROTECTION ORDERS/
CUSTODY ORDERS IN PLACE INVOLVING
THIS CHILD?

YES NO

ARE BOTH BIOLOGICAL
PARENTS PERMITTED
ACCESS TO THIS CHILD?

YES NO

PLEASE PROVIDE NAME(S) OF
THOSE NOT PERMITTED CONTACT:

OFFICIAL LEGAL DOCUMENTATION IS REQUIRED FOR ILM TO ENSURE NO CONTACT

NAMES OF OTHER CHILDREN LIVING AT HOME

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

**HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME?
(DAY CARE, PRESCHOOL, SUNDAY SCHOOL, ETC.)**

YES NO

IF YES, EXPLAIN: _____

WHERE? _____ DATES OF ATTENDANCE: _____

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS: YES NO

EXPLAIN: _____

WHAT ARE THE CHILD'S EATING HABIT?: _____

FAVORITE FOODS: _____

STRONG DISLIKES: _____

MEDICAL INFORMATION

IF YOU DO NOT HAVE A FAMILY DOCTOR A WALK-IN CLINIC MUST BE LISTED

*WALK-IN/FAMILY DOCTOR: _____ *PHONE: _____

*PERSONAL HEALTH #: _____

DOES YOUR CHILD NEED ANY ACCOMODATIONS AND/OR ADDITIONAL SUPPORT TO ASSIST THEM IN THEIR MEDICAL/EDUCATION NEEDS? YES NO

IF YES, DOCUMENTATION IS REQUIRED

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: _____

HAS HE/SHE HAD ANY RECENT ILLNESS? YES NO

IF YES, EXPLAIN: _____

ANY ALLERGIES?: YES NO ARE THEY LIFE-THREATENING?: YES NO

PLEASE LIST: _____

ATTACH INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

DOES YOUR CHILD HAVE DIETARY RESTRICTIONS?: YES NO

IF YES, EXPLAIN: _____

***BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/ GUARDIAN**

in lieu of this form, I have attached a separate immunization record.

First Visit - two months of age:

Date: _____
MO/DD/YY

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate
- Meningococcal C Conjugate

Fourth Visit - 12 months of age:

Date: _____
MO/DD/YY

- Measles
- Mumps
- Rubella
- Meningococcal C Conjugate
- Varicella (Chicken Pox)

Second Visit - two months after first visit:

Date: _____
MO/DD/YY

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate

Fifth Visit - 12 months after third visit:

Date: _____
MO/DD/YY

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Measles, Mumps, Rubella
- Pneumococcal Conjugate

Third Visit - two months after second visit:

Date: _____
MO/DD/YY

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Haemophilus Influenza Type b(hib)
- Hepatitis B
- Pneumococcal Conjugate

4 to 6 years of age:

Date: _____
MO/DD/YY

- Diphtheria
- Pertussis
- Tetanus
- Polio
- Varicella (chicken Pox)

Other Immunizations: _____

I have chosen to not vaccinate my child

*I certify that all of the above information is correct.

PARENT/GUARDIAN
SIGNATURE: _____
DATE: _____

*Name: _____

*Relationship to Child: _____

*I give permission for my child to participate in spontaneous field trips within walking distance of the day care or play on the playground and beach.

() Yes () No

Parent/Guardian Signature

*I give permission for my child to be picked up from the bus and escorted into the center.

() Yes () No

Parent/Guardian Signature

*I consent to photographs and recordings of my child being taken by staff for the purposes of parent-exclusive updates while attending ILM care.

() Yes () No

Parent/Guardian Signature

*I give permission for photographs and recordings of my child to be used for print/electronic publication in promoting ILM daycare services.

() Yes () No

Parent/Guardian Signature

*I give permission for my child's first name to be released to other parents within my current ILM center for the purposes of holiday cards (Christmas, Valentines Day, etc).

() Yes () No

Parent/Guardian Signature

*In case of accident or illness, I authorize qualified ILM staff to administer first aid or to call a medical practitioner and/or an ambulance if I cannot immediately be reached.

Parent/Guardian Signature

*I have read and agree to Inquiring Little Minds' **illness policy**, **payment policy**, **surveillance policy**, and **inclusion policy**, found at <https://www.ilmeducationcenter.com/parent>.

Parent/Guardian Signature

Parent/Guardian and ILM Education Center Agreement

Parents/Guardians must give notification for vacation periods or extended absences, regardless of reason. No refunds will be given for days missed from daycare. Parents/Guardians must provide written notification of any changes to their personal information. The daycare reserves the right to any information that is pertinent to the child and to their daily routine while enrolled with ILM.

Children must be signed in and out when dropped off and picked up. Only authorized persons (listed on page 1) will be allowed to pick up your child from daycare. The daycare will not release a child unless notification has been given. ILM staff reserve the right to request I.D. at pick-up.

When ILM Staff notify a Parent/Guardian to pick up their child(ren), the Parent/Guardian must arrive to pick up their child(ren) within one (1) hour. Should the Parent/Guardian not arrive, ILM will call the child(ren)'s Emergency Contacts. In the event that the Parents/Guardians and Emergency Contacts do not arrive to pick up the child, ILM will contact Family Services to pick up the child(ren).

Termination of care: both parties agree to submit one month's notice on the first of the month or one month's fees will be forfeited. The management of ILM Education Center reserves the right to release or suspend a child in the best interest of the child or the daycare. Parents/Guardians will be notified.

ILM Facilities are closed on all statutory Holidays, one week for spring break, one week in the summer, and two weeks in winter. Specific dates can be found in the ILM Parent Handbook.

I, _____ have read, and understood the above, and agree to abide by all the Daycare's policies at all times. My signature below certifies my understanding of ILM's policies, and that all information detailed on these forms is correct and accurate.

Parent/Guardian Signature _____
Date

Office Use Only

I, _____ have reviewed the above registration forms.

ILM Administrator

ILM Administrator signature

Date

I, _____ have reviewed the above registration forms.

ILM Caregiver

ILM Caregiver signature

Date

First Day of
Attendance

MM/DD/YY

Last day of
Attendance

MM/DD/YY

Center Name: _____

Effective Date: _____

Program Name: _____



Drop Off/Pick Up Schedule

Child Name: _____

Date of Birth: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off:					
Pick Up:					
Notes					

The above will serve as my child’s typical drop off/pick up schedule. I understand that if I vary from this schedule by more than 15 minutes, it is my responsibility to message the center staff via Brightwheel to inform them of the change.

As ILM adheres to strict staff to children ratios in compliance with child care licensing regulations, we may not be able to accept drop offs or pick ups outside of your regular schedule based on staffing availability.

Please Note: To prevent interruptions in learning, **drop off is not permitted after 10 am** unless prior arrangements have been confirmed. Non-working guardians, and clients not attending studies, have a set 3 pm pick up time (after school care excluded). Pick up after center closing will result in late pick up fees as outlined in the Parent Handbook.

Guardian Signature: _____

Guardian Name: _____

Date: _____



Food Permission Form

Name of Child(ren): _____

To ensure safety standards, we are advising parents of potential food-related activities during their care with Inquiring Little Minds (ILM). Food-related activities may include: group snack, birthday and other special occasion events, and/or similar events where food could be served.

I give permission for my child(ren) to participate in group snack events where food is provided by an ILM educator. Yes No

ILM Educators may offer the following:

- Fruit Pouches
- Crackers (Ritz, Goldfish etc..)
- Fresh Fruit
- Fresh Vegetables
- Mott's Fruit Gummies
- Peanut butter/Jam Sandwiches
- Milk
- Timbits
- All of the above
- None of the above

I give permission for my child(ren) to participate in special occasion food events (Birthdays, Christmas, etc). Yes No

I can ensure that I have included all up-to-date information involving dietary restrictions and/or allergies on my child(ren)'s registration form. Yes No

Name of Parent/Guardian: _____

Signature: _____

Date: _____