



# REGISTRATION

| Child's Name | Child's Date of Birth D/M/Y | SUBSIDY # |
|--------------|-----------------------------|-----------|
|              |                             |           |

**IN CASE OF EMERGENCY CONTACT THIS PARENT FIRST:**

|                        |                        |
|------------------------|------------------------|
| Parent/Guardian's Name | Parent/Guardian's Name |
|------------------------|------------------------|

|        |        |
|--------|--------|
| email: | email: |
|--------|--------|

|               |               |
|---------------|---------------|
| Home Address: | Home Address: |
|---------------|---------------|

|               |               |
|---------------|---------------|
| Home Phone #: | Home Phone #: |
|---------------|---------------|

|               |               |
|---------------|---------------|
| Cell Phone #: | Cell Phone #: |
|---------------|---------------|

|               |               |
|---------------|---------------|
| Work Phone #: | Work Phone #: |
|---------------|---------------|

|                |                   |
|----------------|-------------------|
| Doctor's Name: | Doctor's Phone #: |
|----------------|-------------------|

|                   |  |
|-------------------|--|
| Doctor's Address: |  |
|-------------------|--|

|   |     |   |
|---|-----|---|
| Does your child have any known allergies? | Y/N | Please list any allergies or food restrictions<br>Is an Epi Pen Required ? Y N NA |
|---|-----|---|

|  |     |                                  |
|--|-----|----------------------------------|
| Does your child have any medical concerns? | Y/N | Please list all medical concerns |
|--|-----|----------------------------------|

|  |     |  |
|--|-----|--|
| Does your child have any special sleep requirements? | Y/N | Please list any special sleep requirements |
|--|-----|--|

|  |     |                               |
|--|-----|-------------------------------|
| Is there a custody agreement in place? | Y/N | Custody agreement states..... |
|--|-----|-------------------------------|

|                                  |                                |
|----------------------------------|--------------------------------|
| Use of cots by underage children | initial box below or mark N/A) |
|----------------------------------|--------------------------------|

|  |  |                             |     |
|--|--|-----------------------------|-----|
| I give permission for my child who is less than 18mths old to use a cot for rest time when he/she is transferred to the toddler program. |  | Photograph consent sign off | Y/N |
|--|--|-----------------------------|-----|

**Use of over the counter products** (please initial the box next to each item you give permission for)  
by ichecking and initialing below I give the centre permission to administor the following products which I will provide.

|             |              |                  |             |           |                |
|-------------|--------------|------------------|-------------|-----------|----------------|
| Baby powder | Diaper cream | Insect repellant | Moisturizer | Sunscreen | Hand Sanitizer |
|-------------|--------------|------------------|-------------|-----------|----------------|

**Person's to call in case of emergency and Authorized pick-up list.**

|           |        |
|-----------|--------|
| Name:     | Home # |
| Relation: | Alt #  |

|           |        |
|-----------|--------|
| Name:     | Home # |
| Relation: | Alt #  |

|           |        |
|-----------|--------|
| Name:     | Home # |
| Relation: | Alt #  |

Please note anyone picking up may be required to show photo ID. Names provided must match Photo ID presented

|                        |                                   |             |
|------------------------|-----------------------------------|-------------|
| _____ parent signature | _____ Candy Factory Rep signature | _____ date: |
|------------------------|-----------------------------------|-------------|

## FOR OFFICE USE ONLY

|                   |            |                  |                  |
|-------------------|------------|------------------|------------------|
| Date of Admission | Daily Rate | Deposit required | Registration fee |
|-------------------|------------|------------------|------------------|

|        |
|--------|
| D.O.W: |
|--------|

|  |              |          |
|--|--------------|----------|
|  | Deposit paid | Reg paid |
|--|--------------|----------|

|                                    |             |                |                  |
|------------------------------------|-------------|----------------|------------------|
| Deposit/ Registration fee paid by: | cash: _____ | Cheque # _____ | E-Transfer _____ |
|------------------------------------|-------------|----------------|------------------|