



MEADOWRIDGE SCHOOL

Junior Kindergarten Registration

Child Care Facility		MEADOWRIDGE SCHOOL		
Full Name of Child				
Usual Name of Child <i>if different</i>				
PERSONAL INFORMATION				
Child's Date of Birth <i>yyyy-mm-dd</i>		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Starting Date <i>yyyy-mm-dd</i> 2020-09-08				
Address	City	Province	Postal Code	Country
Telephone				
MOTHER (GUARDIAN) INFORMATION		FATHER (GUARDIAN) INFORMATION		
Name		Name		
Address <i>if different from above</i>		Address <i>if different from above</i>		
Telephone		Telephone		
Email		Email		
Work address <i>or alternate location</i>		Work address <i>or alternate location</i>		
Hours at this location		Hours at this location		
Telephone <i>include local</i>		Telephone <i>include local</i>		
Cellular		Cellular		
CUSTODY AGREEMENT				
If applicable, supply a copy of the Custody Agreement. Custody Agreements can be printed and attached to the back page of the Registration Form.				

PERSON(S) AUTHORIZED TO PICK UP CHILD		
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
PERSON(S) NOT AUTHORIZED TO PICK UP CHILD		
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
ALTERNATE PERSON(S) TO CALL IN CASE OF EMERGENCY		
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
EMERGENCY HEALTH INFORMATION		
Care Card Number		
Family Doctor		Telephone
Address		
CONSENT FOR EMERGENCY CARE		
<p>I authorize the staff at Meadowridge School to call a medical practitioner or ambulance in the case of an accident or illness of my child(ren), if the parent cannot be immediately reached.</p>		
Signature of parent/guardian		Date
Manager of facility		
CHILD'S IMMUNIZATION HISTORY <i>record dates (yyyy-mm-dd) of immunization</i>		
Is your child up to date on immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Immunized		
Birth Date		

DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MEASLES	MUMPS	RUBELLA
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.			
4.	4.	4.	4.			
5.	5.	5.	5.			

HEALTH INFORMATION *attach separate sheet, if necessary*

Medication(s) and reasons *list*

Allergy(ies) and treatments *list*

Accident(s), illness(es), or operation(s) your child has had *include date(s)*

Please describe any concerns you may have with regards to your child's development (i.e. behaviour, vision, hearing, speech, language, etc.)

EATING AND NUTRITION

List your child's favourite food

List any disliked food

Describe any particular eating patterns

Are there any religious or ethnic observances related to food?

SLEEPING

Nap time

How long to settle?

Time of waking

Bed time

How long to settle?

Time of waking

Is your child a deep sleeper, or does (s)he waken easily?

Does your child take a favourite comforter (e.g. blanket or toy) to bed? If yes, please describe and tell us if it is "named"

What is your child's mood upon waking?

TOILETTING

Is your child toilet trained?
 Yes No Partially

Please indicate your child's frequency or patterns for bowel movements

Describe assistance needed for toileting

What "special" word does your child use for urination? For bowel movements?

PLAY GROUP AND EXPERIENCES

What are your child's favourite toys?

What types of play activities does your child enjoy?

How does your child behave toward other children? (e.g. seeks others out, feels shy)

LIST ANY DAYCARE, PRESCHOOL, OR OTHER GROUP SITUATIONS IN WHICH YOUR CHILD HAS PARTICIPATED

Name of program	Dates attended	Reason for leaving	Telephone

EMOTIONAL

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have any particular fears? If yes, describe

What suggestions do you have that might help staff make your child's transition into this program easier?

FAMILY AND GENERAL HOUSEHOLD INFORMATION

List the names of the significant people in your child's life (e.g. siblings, grandparents, pets, etc.)

Describe the guidance and discipline methods used at home

Primary language spoken in the home

Other languages

SIGNATURE OF PARENT OR GUARDIAN

Signature

Date