Start Date:

Schedule

☐ **Full Time**

☐ **Part Time** **Set Days** ☐ **M** ☐ **T** ☐ **W** ☐ **TH** ☐ **F**

☐ **Flex Care**

Age Grouping

☐ Infants

☐ Toddlers

☐ Preschool

☐ Before and After

Mount Brydges Sonshine Daycare- Registration Sheet

Child Information

Full Name _____

Date of Birth _____

Allergies/Dietary/Medical information _____

Name on Health Card _____Health Card Number_____

Language spoken at Home _____

Home Address _____

City Town _____ Postal Code _____

Home Phone _____

Parent Information

- **Mother's Name** _____

Home Address -(If different from above)

City /Town	Postal Code	Street

Name and Address Of Employment _____

Work Phone Number _____

Cell Number _____Email _____

_____

- **Father's Name** _____

Home Address (If different from above)

City /Town	Postal Code	Street

Name and Address of Employment _____

Work Phone Number_____

Cell Phone _____Email _____

Medical Information

Family Doctor _____

Address_____ Postal Code _____

Phone Number _____

Emergency Contacts - Alternate Pick up

Name (S)	Relation to child		
Address city/Town	Home Phone	Cell Phone	Cell Phone

Name (S)	Relation to child		
Address city/Town	Home Phone	Cell Phone	Cell Phone

Name (S)	Relation to child		
Address city/Town	Home Phone	Cell Phone	Cell Phone

REMINDER FOR ILLNESS

You will be called to pick up your child if they have the following

- **A fever of 101 F or over**
- **Vomiting**
- **2 bouts of diarrhea**

Policy from the Middlesex London Health Unit is 24 hours home symptom free and Tylenol Free

Prescribed medication to your child is permitted in the centre, Drug administration form needs to be filled in(ask a staff)

Dear Parents

We are interested in posting some photos of your child on our website, www.sonshinedaycare.net no names would be given.

Yes you may use my child's photos on the website _____
No, My child's photo may not be used on the website_____

We are interested in using your child's photo on our Facebook page /site, no names would be used.

Yes you may use my child's photos on Facebook_____
No, My child's photo may not be used on Facebook_____

May your child enjoy the outdoors outside of our fenced area?

Yes _____ No _____

Fundraising

We are a non – for profit organization. Fundraising is a very important part of our centre. This helps to provide craft supplies, centre supplies, food, and toys.
You will be provided with the fundraisers, as they come up through out the year, they are all voluntarily run.

Do I have your permission to email you future fundraising activities within the centre?

Yes _____ No _____

Parent /Guardian Signature _____

Child(ren) name _____

Date _____

Sonshine Daycare Parent Agreement

Please sign and return with your information forms

_____I have read the Parent Handbook regarding policies of what my child will need while at the centre, (Clothing, indoor outdoor shoes, sunscreen etc.)

_____ I am familiar with the illness guidelines in the Parent Handbook and will not bring my child to the centre if I suspect that he or she has a communicable illness.
I will be available to pick up my child and or be able to have someone pick up my child from the centre if they become ill.

_____ I will respect the learning environment while within the centre. Modeling appropriate behaviour while in the centre.

_____ I agree to keep the centre staff updated on contact information changes and immunization changes.

_____ I give the staff permission to apply the over the counter diaper creams and sunscreens that I supply for my child.

_____I understand that there is a late fee of
$1.00 per minute if my child is picked up after
5:30 pm.
If not paid, it will be added to the next monthly invoice.
This is in place out of respect for our staff and their families.

Parent /Guardian Signature _____

Child(ren) name _____

Date _____

For Infants Birth – 18 months

Infant Information Schedule Sheet

(Please fill out this sheet, to help us get to know your child)

Child's Name _____

Child's Birth Date _____

Allergy

Does your child have allergy's to food or medication - Yes or No - What is the reactions ?

Dietary

Does your child have special Dietary needs? Yes or No

Medical

Does your child have any medical conditions that we need to know about?

What is your morning routine?

Safe Sleep For All – All staff are required to put a child to sleep on their back. Sleep time is monitored and recorded throughout the day. You will be notified of any changes in your child's sleep patterns.
We require a doctor's note for a child less than 12 months of age if parents require staff to place them to sleep other then on their back.

How do you put your child to sleep?

What time(s) of day?

How many naps per day does your child have?_____

Does your child have a soother or special toy/ blanket? When would you like them to have that item?

Activities
What activities does your child enjoy?

_____
_____

Diapering
Please provide all the items that you would use at home with your child-creams (in original containers). Wipes and diapers.

Please include anything that you would like the staff to know:

_____
_____

Meal Times

How well does your child eat?

_____
_____

Are they spoon feed or do they like to feed them self?

_____

_____

Does he/she have a bottle? _____

Is it formula or milk? _____

Warmed / Room temperature / cold? _____

When do they have it? _____

Family / words – Please let us know if there are siblings/ pets and what words they may know.

_____
_____
_____

For children
18 Months – 6 years

Child Information Sheets

(Please fill out this sheet, to help us get to know your child)

Child's Name _____

Child's Birth Date _____

Allergy

Does your child have allergy's to food or medication - Yes or No - What is the reactions ?

_____

_____

Dietary

Does your child have special Dietary needs? Yes or No

_____

_____

Medical

Does your child have any medical conditions that we need to know about?

_____

_____

How well does your child eat? _____

Safe Sleep for All - Sleep time at the centre is from 12:30 – 2:30 the rooms are quiet and lights are dimmed. Soft music is played the staff sit with the children to help them relax. The staffs periodically does sleep checks throughout this time, parents will be notified of any changes in your child's sleep patterns.

How does your child fall asleep? _____

Do they need help to fall asleep? _____

Do they have a special toy? _____

Do they have an afternoon Nap? _____

Activities/ Toys they Enjoy

_____

_____