

You can access and complete the forms online through our website.

Kaackamin Daycare/Agnes George Nursery School

Registration Form



Daycare Registration Form

Date Of Enrollment: Birthdate:

Name Of Child: Sex: M F

Name Of Responds To:

Parent(s) Guardian(s)

Name:

Home#: Work#:

Email: E-mail adress will be used to contact you and e-mail pictures from daycare.

Name:

Home#: Work#:

Email: E-mail adress will be used to contact you and e-mail pictures from daycare.

Please list all people child lives with:

Parent(s) Guardian(s)

Child's BC Services Card#:

Child's Status#:

Family Doctor: Phone#:

Dentist: Phone#:

Emergency Contacts:

Person authorized to pick-up/call in case of emergency:

Name:	<input type="text"/>	Phone#:	<input type="text"/>
Name:	<input type="text"/>	Phone#:	<input type="text"/>
Name:	<input type="text"/>	Phone#:	<input type="text"/>
Name:	<input type="text"/>	Phone#:	<input type="text"/>

Special instructions concerning care, medication, diet or custody?

NO YES if YES please attach documents.

Does your child have any allergies? NO YES

If YES please list allergens:

The daycare provides 2 snacks a day, as well as a hot lunch. Please list any foods your child dislikes or has not tried, as well as any comments about their eating habits:

Is your child toilet trained? NO YES

Any Dislikes or Fears?

Has your child previously attended any other childcare program? NO YES

If YES where?

Please attach your child's current immunization record. Immunization record attached? YES

PARENTAL CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION

I hereby give permission for staff at the Kaackamin Daycare to provide emergency medical treatment for my child, _____ (Name).

If a medical emergency occurs, Kaackamin Daycare will attempt to notify me immediately. If I cannot be contacted, school staff will attempt to contact my emergency contacts in the order I have provided them. If I or my emergency contacts cannot be contacted or are unable to collect my child for necessary medical attention, I authorize staff at Kaackamin Daycare to take my child to the nearest emergency centre or summon an ambulance for emergency medical treatment or transport, and I give permission for immediate medical treatment of my child as required in the judgment of the attending health care professionals. I understand that I will be responsible for any charges related to calling an ambulance for my child if necessary.

Name of Parent/Guardian (please print)	Signature of Parent/ Guardian	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>