



REGISTRATION FORM

Office use	Request date: _____
	Admission date: _____
	Discharge date: _____

Personal History

Child's Name: _____

Address: _____

D.O.B. _____ (D/M/Y) Email (optional): _____

Guardian's Name:	_____
Address:	_____
Work:	_____
Address:	_____
Day phone #:	_____
Cell #:	_____
Evening phone #	_____

Guardian's Name:	_____
Address:	_____
Work:	_____
Address:	_____
Day phone #:	_____
Cell #:	_____
Evening phone #	_____

Who has legal custody: _____

Language(s) spoken at home: _____

Religious or cultural restrictions: _____

Siblings: Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Medical Information

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Allergies or medical conditions: _____

Family goals for the child: _____

School Information (for children 3 years 10 months to 12 years)

(Please note Pleasant Park & Hawthorne locations are completely peanut free. Hawthorne is scent free.)

What school is your child attending? _____

Grade level: _____

Site parent is requesting:	Aladin	
	Pleasant Park	
	Hawthorne	

Will your child be needing before school care? Yes No

Emergencies & Permissions The contacts below have your permission to pick up.

MUST BE LOCAL - NOT GUARDIANS

Name: _____ Daytime phone #: _____ Relationship: _____

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Is there anyone who might try to pick up your child without your consent? _____

If you have sole custody, please provide Aladin with your custody order.

PLEASE SIGN BELOW ACCEPTING THE CONDITIONS SET OUT:

1. I understand that a \$25 (non-refundable) membership fee is required from all families. This fee entitles the family a vote during the Annual General Meeting and also, to stand for the Board.
 2. I have read and understand the internal policies of Service à l'enfance Aladin Childcare Services as stated in the **Parent Handbook** and agree to abide by them.
 3. In case of a medical emergency and I am unavailable, I give my permission to secure proper treatment, consent to injections, anaesthetics, or surgery for my child.
 4. I give my permission for my child to go on field trips with the Educators and volunteers of Aladin under the direction of the Director or Supervisor.
 5. I agree to allow pictures to be taken by the staff for internal use. **Initial:** _____
 6. I agree to allow pictures to be taken and posted on our web site www.aladinchildcare.com. **Initial:** _____
 7. In the event I withdraw my child, I agree to give a two week notice. Failing this two week notice, I agree to pay the full fee.
 - 8. I agree that my child will not bring peanuts or peanut products to the Pleasant Park or Hawthorne site. Staff will confiscate any peanut products.**
 - 9. I agree to abide by the scent free policy of the Hawthorne Public School.**
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Guardian's Signature

Date

Guardian's Name:



EMERGENCY FORM

Child's Name: _____

Address: _____ D.O.B. _____

_____ Email (optional): _____

RECENT PICTURE

Guardian's Name: _____
Work/School Name: _____
Work Address: _____
Day phone #: _____
Cell #: _____
Evening phone # _____

Guardian's Name: _____
Work/School Name: _____
Work Address: _____
Day phone #: _____
Cell #: _____
Evening phone # _____

Doctor's Name: _____	Phone #: _____
Doctor's Address: _____	
Allergies or medical conditions: _____	

EMERGENCY CONTACTS:	<u>MUST BE LOCAL - NOT GUARDIANS</u>
Name: _____	Daytime phone #: _____
Name: _____	Daytime phone #: _____
Name: _____	Daytime phone #: _____