



**Service à l'enfance  
ALADIN  
Childcare Services**

**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: _____	

**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**

Name: _____	Daytime phone #: _____	Relationship: _____
Name: _____	Daytime phone #: _____	Relationship: _____
Name: _____	Daytime phone #: _____	Relationship: _____

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 teachers and volunteers of Aladin under the direction of the Director.
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](http://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:

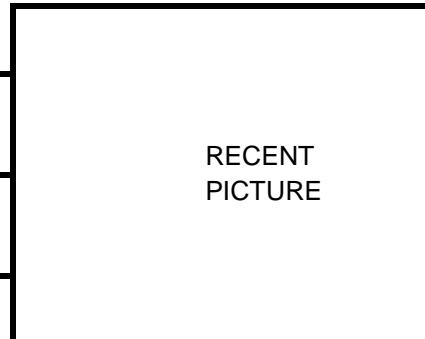


# Service à l'enfance ALADIN Childcare Services

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ Email (optional): \_\_\_\_\_



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: _____			

<b>EMERGENCY CONTACTS: <u>MUST BE LOCAL</u></b>	
Name: _____	Daytime phone #: _____
Name: _____	Daytime phone #: _____
Name: _____	Daytime phone #: _____