



**P.O. Box 5777, STN B.
London, ON N6A 4V2
519-685-4058**

Infant Registration Information:

Child's Name: _____ **Nickname:** _____
Address: _____ **Postal Code:** _____
Phone Number: _____ **Date of Birth:** _____ **Age:** _____

Parent/Guardian

Name: _____
Address: _____
Employer: _____
Address: _____

Parent/Guardian

Name: _____
Address: _____
Employer: _____
Address: _____

Occupation: _____
Work Number: _____
Home Number: _____
Cell #: _____
Email: _____

Occupation: _____
Work Number: _____
Home Number: _____
Cell #: _____
Email: _____

Emergency Contact Name: _____
Address: _____
Phone Number: _____

Family Doctor: _____ **Phone Number:** _____
Address: _____

Name and ages of your child's brothers and/ or sisters:

Name: _____ **Age:** _____ **Name:** _____ **Age:** _____
Name: _____ **Age:** _____ **Name:** _____ **Age:** _____

Child may be picked up by: _____

Any other languages spoken in the home other than English: _____

***Please include all postal codes. Thank you. ***

Emotional:

Does your child have any specific fears or anxieties? _____

How does your child react to stress and frustration? _____

Have there been any major changes in your family which have affected your child: _____

Food and Nutrition:

Will your baby need breakfast at school? If so what: _____

Does your baby have a morning snack? If so when and what: _____

Does your baby have food at lunch? If so when and what: _____

Does your baby take a bottle? If so what, when and how much: _____

Is your baby breast-fed and will he/ she use a bottle or cup to supplement: _____

What temperature does your baby like his/ her bottle? _____

How does your baby take his/ her bottle (i.e. you hold it, they hold it) _____

Does your child have any food allergies or restrictions: _____

Do you have any concerns about their eating habits: _____

Sleeping

Does your baby sleep through the night: _____ How long: _____

What is your baby's usual wake up time? _____

Does your baby need assistance to go to sleep (i.e. rocking)

Does your baby have naps: AM _____ Time _____ Length _____

PM _____ Time _____ Length _____

Does your baby have any unusual sleeping patterns? _____

Does your baby take a soother to sleep? _____

Does your baby have a special blanket or toy at nap time? _____

Does your baby like to be cuddled/ carried/ walked or rocked? _____

List your baby's favourite **activities or toys**: _____

Does your baby enjoy music _____ crafts _____ books _____ Outdoor play _____

Has your baby used a swing, a jumper or exersaucer: _____

Do you have any objection to the staff using any of this equipment: _____

Do you have any objection to your child using and or borrowing daycare clothing, when and if it is not already provided? (ie. Boots, Hats, Pants, etc.) _____

Do you have any concerns about their blankets and or toys being washed here at the daycare? _____

Any special instructions to the staff in regards to the care of your baby: _____

What time are you expecting to arrive and depart from daycare?: _____
Do you have a consistent schedule for drop off and departure times? _____
If not, can you provide a schedule that will indicate any changes in drop off or departure times? _____

Any special creams, Vaseline, powder, etc. that you want the staff to use while diapering: _____

Sometimes the talents or special interests of the parent(s) can be a great asset to the centre. Can you sew, type, draw, play a musical instrument, or are you skilled with a hammer and saw? Do you have a hobby which would be interesting to the children?

Admission Date Required: _____

Date

Parent(s) Signature

Social insurance number [for payroll deduction] _____
Registration fee _____

[Office use Only]

Visit Date: _____
Admission Date: _____
Termination Date: _____