



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

**Toddler/Preschool Registration Information:**

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

**Parent/Guardian**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**Work Number:** \_\_\_\_\_  
**Home Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Parent/Guardian**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**Work Number:** \_\_\_\_\_  
**Home Number:** \_\_\_\_\_  
**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:**

List foods that your child likes: \_\_\_\_\_

List foods your child dislikes: \_\_\_\_\_

List any food allergies or restrictions: \_\_\_\_\_

Do you have any concerns about your child's eating habits: \_\_\_\_\_

**Sleeping:**

Does your child sleep in the afternoon: \_\_\_\_\_ How Long: \_\_\_\_\_

Does your child take a soother to sleep: \_\_\_\_\_

Does your child take a special blanket or toy at nap time: \_\_\_\_\_

Does your child have trouble getting to sleep: \_\_\_\_\_

**Toilet Routine:**

Is your child toilet trained: \_\_\_\_\_ Age: \_\_\_\_\_

If no, what stage is he/ she at: \_\_\_\_\_

Does your child have accidents: often \_\_\_\_\_ sometimes \_\_\_\_\_

Does your child use any special words for toileting: \_\_\_\_\_

Does your child have any problems with constipation/ diarrhea: \_\_\_\_\_

**Play Activities and Toys:**

List your child's favourite activities and toys: \_\_\_\_\_

Does your child play with any other children: \_\_\_\_\_

Any special friends: \_\_\_\_\_

Does your child enjoy music: \_\_\_\_\_ crafts: \_\_\_\_\_ books: \_\_\_\_\_ outdoor play \_\_\_\_\_

**Other:**

Do you have any objections to your child using or borrowing daycare clothing if required? (ie. boots, hats, pants, etc.) \_\_\_\_\_

Do you have any concerns about your blankets or sleep toys being washed at the daycare? \_\_\_\_\_

Any special instructions to the staff for the care of your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule:**

What approximate hours will your child be attending each day? \_\_\_\_\_  
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? \_\_\_\_\_

We are very interested in having parents and guardians participate in our program. Please let us know if you have any special interests or talents that you would like to share with the children. We love to go on field trips so if you work where we could embark on an educational tour, please let us know.

\_\_\_\_\_  
\_\_\_\_\_

**Admission Date Required:** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_ **Signature of Parent(s)** \_\_\_\_\_

**Social insurance number [for payroll deduction]** \_\_\_\_\_  
**Registration fee (\$25) included:**    **yes**                      **no**

**[Office Use Only]**  
Visit Date: \_\_\_\_\_  
Admission Date: \_\_\_\_\_  
Termination Date: \_\_\_\_\_