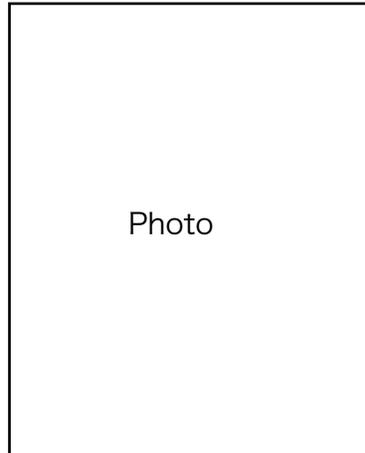


## Child Care Registration Form (入園申込書)

Enrolment Date		Withdrawal Date	
----------------	--	-----------------	--



### CHILD'S INFORMATION

Child's Name:			
Gender:		Male	Female
Address:			
Home Phone#:		Child's Care Card#:	
Allergies:		Yes	No
Medical Insurance # if applicable:			
Family Dr:		Family Dr Phone#:	

## PARENT INFORMATION

Mother's Name:		Mother's Cell#:	
Mother's Address if different from above:			
Mother's employer name:		Mother's work phone#:	
Can we contact Mother's work for emergency situation?		Yes	No

Father's Name:		Father's Cell#:	
Father's Address if different from above:			
Father's employer name:		Father's work phone#:	
Can we contact Father's work for emergency situation?		Yes	No

Parents are:		Married		Living together
		Divorced		Separated

Is there custody agreement or restraining order?			
	Yes		No
If Yes, a copy of order must be provided.			

### HOUSE HOLD MEMBER

Name:		Relationship	

### EMERGENCY CONTACT (except parents)

Name:		Phone Number:		Relationship	
Name:		Phone Number:		Relationship	
Name:		Phone Number:		Relationship	

### CHILD PICK-UP INFORMATION

Please list below the people who have Permission to pick up your child.					
Name:		Phone Number:		Relationship:	
Name:		Phone Number:		Relationship:	
Name:		Phone Number:		Relationship:	
Name:		Phone Number:		Relationship:	
Name:		Phone Number:		Relationship:	

Please list below the people who do not have Permission to pick up your child.

Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
Note, Reason etc:			

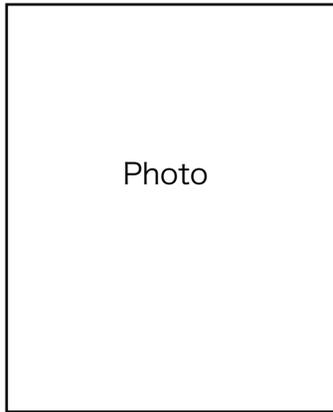
### OTHER IMPORTANT INFORMATION

Does your child require special needs?		Yes		No
Please describe if Yes				
Does your child have Asthma?		Yes		No
Does your child have chronic cough?		Yes		No
Does your child have Hayfever?		Yes		No
Child's skin condition:				
Does your child on medications?		Yes		No
Please describe if Yes:				
Does your child have vision concern?		Yes		No
Please describe if Yes:				
Does your child have hearing concern?		Yes		No
Please describe if Yes:				
Does your child have speech concern?		Yes		No
Please describe if Yes:				
Does your child have behavioral concern?		Yes		No
Please describe if Yes:				

Does your child have any learning/ physical concern?		Yes		No
Please describe if Yes:				
Does your child have special dietary requirements?		Yes		No
Please describe if Yes:				
Has your child toilet trained?		Yes		No
Has your child recently experienced significant changes?		Yes		No
Please describe if Yes:				
Other requirements that daycare must know:				

<b>AGREEMENT</b>	
Parent's Name:	
Parent's Signature:	
Date:	

## EMERGENCY PERMISSION CARD (緊急カード)



Child Care Facility: COZY HOUSE Family Daycare Phone: 250-864-5122

Address: 853 Hammer Avenue, Kelowna, B.C V1W2B7

Child's Name:		Date of Birth:	
Hair Colour:		Eye Colour:	
Adress			
Home Phone#			

Mother's Name:		Mother's Phone#:	
Father's Name		Father's Phone#:	
Emergency Contact Name		Emergency Contact Phone#	
Emergency Contact Name		Emergency Contact Phone#	
Family Dr:		Family Dr Phone#:	
Care Card#:		Allergies?	
Medical Conditions:		Medicine allergies:	
Regular Medication:			
Other Specific			

It is the Child Care Facility's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance.  
(Ambulance fee is the parent's responsibility.)

If an ambulance is not available, the caregiver/staff of the Child Care Facility will transport the child.

I hereby give permission to the caregiver/staff of COZY HOUSE Family Daycare to make necessary transportation arrangements for my child who has become ill or injured.

Parent's Name:	
Parent's Signature:	
Date:	