



Kids We Love Childcare Registration Form

| | |
|--------------------------|--------------------------|
| Last Name: | |
| First Name: | Middle Name: |
| Nickname: | |
| Birth Date: (mm/dd/yyyy) | Start Date: (mm/dd/yyyy) |

Names of siblings & birth dates:

PARENTS OR GUARDIANS

| | | | |
|------------------------|---------------|--------------|--|
| (1) Last Name: | | First Name: | |
| Relationship to Child: | | | |
| Address: | | | |
| City: | | Postal Code: | |
| Home Phone: | Mobile Phone: | Work Phone: | |
| (2) Last Name: | | First Name: | |
| Relationship to Child: | | | |
| Address: | | | |
| City: | | Postal Code: | |
| Home Phone: | Mobile Phone: | Work Phone: | |

OTHER EMERGENCY CONTACT

| | | | |
|-------------|---------------|------------------------|--|
| Name: | | Relationship to Child: | |
| Home Phone: | Mobile Phone: | Work Phone: | |



AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person (parent or guardian) who has signed this form. In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pickup your child on your behalf.

| Name | Address | Phone |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

A parent or guardian's verbal authorization for pickup must be received before your child will be released to anyone listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

| | |
|-------------------------|---------------|
| Doctor: | Office Phone: |
| Address: | |
| City: | Postal Code: |
| Child's Health Card no: | |
| Allergies: | |
| Medical History: | |
| Medication: | |



ADDITIONAL INFORMATION

EATING AND NUTRITION

List your child's favorite foods.

List any disliked foods.

Please describe any religions or ethnic observances related to foods.

SLEEPING HABITS

Describe child's routine such as ways of settling, sleeping time and duration.

For Bedtime:

For Naptime:

TOILETING

Is your child toilet trained?

Describe assistance needed for toileting.

Does your child have any special words used for toileting?

PLAYGROUP EXPERIENCES

What types of play activities does your child enjoy?

How does your child behave towards other children? (seeks out others, shy, outgoing)



EMOTIONAL

How does your child react with unfamiliar people or in unfamiliar situations?

Does your child have any particular fears?

What suggestion do you have to help us make your child's transition easier?

PERMISSION FOR OUTINGS

I hereby give permission for Kids We Love Childcare to take my child, for local outings within the community. I understand these outings will follow the proper care provider child ratio and travel will be by foot to nearby local parks.

Parent or Guardian Signature

Date (mm/dd/yyyy)

Parent or Guardian Signature

Date (mm/dd/yyyy)