



# Way To Grow Daycare Registration Form

Start Date _____
End Date _____

Niagara Region Public Health Department requires a copy of your child's immunization record. Please remember to update them and us each time your child is immunized.

Child's Name	<input type="text"/>	Date of Birth	<input type="text"/>
Home Telephone	<input type="text"/>	Daycare Location	<input type="text"/>

Home Address \_\_\_\_\_  
 (include full address \_\_\_\_\_  
 and postal code)

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address (include full address and postal code) \_\_\_\_\_  
 \_\_\_\_\_

Home Address (include full address and postal code) \_\_\_\_\_  
 \_\_\_\_\_

Work Information (include full address, postal code and phone#) \_\_\_\_\_  
 \_\_\_\_\_

Work Information (include full address, postal code and phone#) \_\_\_\_\_  
 \_\_\_\_\_

Physician Name and Address (include full address, postal code and phone #) \_\_\_\_\_  
 \_\_\_\_\_

### Authorized Pick Up/Emergency Contact Information

Name:   
 Relationship:   
 Home Telephone:   
 Work Telephone:

Name:   
 Relationship:   
 Home Telephone:   
 Work Telephone:

Allergies and Special Dietary Requirements \_\_\_\_\_  
 \_\_\_\_\_

Additional Information \_\_\_\_\_  
 \_\_\_\_\_

### Parental Consent for Medical Treatment

In case of a medical emergency, every possible effort will be made to contact the above named people. In the event that Way To Grow Daycare is unable to contact anyone, your permission is required to authorize an emergency room doctor to provide necessary life-saving treatment.

I, \_\_\_\_\_ hereby consent to medical treatment being given to my child, \_\_\_\_\_ due to circumstances such as an accident, sudden illness, or emergency. Way To Grow Daycare Inc. and all staff members are hereby released from any liability to the circumstances and medical treatment received as a result of such an emergency.

\_\_\_\_\_  
Name (printed) of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian  
Please Print and Sign

\_\_\_\_\_  
Date



# Way To Grow Daycare Registration Form

## Medical Health Information

It is important that we have current health information for each child enrolled at Way To Grow Daycare. Please be advised that all information is confidential.

Child's Name

**Previous Illness** – Please check and indicate date:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> German Measles              | <input type="checkbox"/> Tuberculosis                  | <input type="checkbox"/> Measles       |
| <input type="checkbox"/> Small Pox                   | <input type="checkbox"/> Chicken Pox                   | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Whooping Cough              | <input type="checkbox"/> Eczema                        | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Giardia Lambila             | <input type="checkbox"/> Mumps                         | <input type="checkbox"/> Allergies     |
| <input type="checkbox"/> Rheumatic Fever             | <input type="checkbox"/> Diphtheria                    | <input type="checkbox"/> Poliomyelitis |
| <input type="checkbox"/> Reaction to bites or stings | <input type="checkbox"/> Other, please describe: _____ |  |

**Has your child had.....?**

- Dental Check-up:  Yes – Last Date: \_\_\_\_\_  No
- Hearing Check-up:  Yes – Last Date: \_\_\_\_\_  No
- Eyes Checked:  Yes – Last Date: \_\_\_\_\_  No

Has your child ever had a development assessment?  Yes – Date: \_\_\_\_\_  No

If yes, please state the reason for assessment.

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Other Information:

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- I hereby certify that the above information is complete and accurate. My child is free from all infections and communicable diseases and able to attend Way To Grow Daycare.

## Consent for Leaving Premises

- I hereby give permission for my child to leave the indoor and outdoor premises of Way To Grow Daycare from time to time, to participate in walking excursions to places of interest that are planned as part of the children's program. It is understood that Way To Grow staff will provide supervision and every precaution will be taken for the safety of my child. In the event of an accidental injury, Way To Grow Daycare and all its' staff members are hereby released from any liability

**\*\*Please Note:** If children are crossing a main roadway, getting on a bus (other than for school purposes) or entering another building you will be given a Trip Consent Form. The Trip Consent Form will detail where and when the children are going, how they are getting there and cost (if applicable). This form also requires consent from a parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print and Sign

*Children...our most valuable resource!*