

WEST KILDONAN TINY TOTS CHILD REGISTRATION FORM

Child's LEGAL name:	Family Health Number:
Name commonly known as:	Personal Health Number:
Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Doctor's Name:
Languages known/spoken:	Doctor's Phone Number:

Mother/Guardian	Father/Guardian
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Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell: <input type="checkbox"/> Text?	Cell: <input type="checkbox"/> Text?
Home Email:	Home Email:
Work/School Name:	Work/School Name:
Work/School Address:	Work/School Address:
Work/School Phone:	Work/School Phone:
Work/School Email:	Work/School Email:

Emergency Contacts

Please designate two people we can contact and release your child to in case of illness or an emergency if you are not available.

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell: <input type="checkbox"/> Text?	Cell: <input type="checkbox"/> Text?
Home Email:	Home Email:
Work/School Name:	Work/School Name:
Work/School Address:	Work/School Address:
Work/School Phone:	Work/School Phone:

List other people who have permission to pick up your child from the childcare facility

Living and Custody Arrangements

Child lives with: Mother Father Both Other Describe:

If applicable, are there any Separation Agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Have copies been provided to West Kildonan Tiny Tots? Yes No
 Will be provided Will not be provided

Are you aware that West Kildonan Tiny Tots cannot ask the police to enforce custody arrangements if documents are not provided? Yes No

Toilet Learning

Please check all that apply to your child's present stage:

<input type="checkbox"/> completely capable of using the toilet	<input type="checkbox"/> asks to use the toilet
<input type="checkbox"/> in pull-ups	<input type="checkbox"/> will use the toilet if taken
<input type="checkbox"/> in underwear during the day	<input type="checkbox"/> will not use the toilet yet

