

# Puddle Splashers

## Registration Package

### **Child Information:**

Full Name of Child: \_\_\_\_\_

Usual Name of Child: \_\_\_\_\_

Gender: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **Parent or Guardian Information:**

Female (Mother's) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Name of Work Place: \_\_\_\_\_

Work or Alternate Address: \_\_\_\_\_

Hours at this Location: \_\_\_\_\_

Male (Father's) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Name of Work Place: \_\_\_\_\_

Work or Alternate Address: \_\_\_\_\_

Hours at this Location: \_\_\_\_\_

**Family and General Information:**

Please list your child's sibling(s) and their ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Please name all members of your child's household and their relationship to the child. (Example: Beth-Grandma, John-Cousin).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If there is a custody agreement, please give all details.

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Please describe the discipline method used at home.

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**Please list the person(s) authorized to pick up your child (including parents).**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please provide us with an alternate person(s) to call in case of an emergency.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Information:**

Care Card Number: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Nutritional Facts**

List you child's 5 favorite foods:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List your child's 5 least favorite foods:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Does your child have any food restrictions for religious or other beliefs?

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Does your child have allergies? (food related or other)

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**Personal Care**

Is your child toilet trained? \_\_\_\_\_

What is your child's toileting routine? \_\_\_\_\_

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

What words does your child use for pee & poo? \_\_\_\_\_

\_\_\_\_\_

Can your child dress themselves? \_\_\_\_\_

Can your child put on their own shoes? \_\_\_\_\_

**Nap Time/Bed Time Routine:**

Does your child take a nap? \_\_\_\_\_

What special routine happens at nap time, if any? \_\_\_\_\_

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

What time does your child have a nap? \_\_\_\_\_

How long does your child nap for? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

**Play and Group Experiences**

How does your child behave towards other children? (Example: Seeks others out, feels shy, etc. )

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

Please list any Daycare, Preschool, or other group situation in which your child has participated.

Name of Program: \_\_\_\_\_

Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Program: \_\_\_\_\_

Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_ If so, please describe in detail.

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

Please provide us with any additional information about your child that you feel is relevant.

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

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
Date

**Immunization Record Declaration**

Community Care Facilities (CCF) licensed to provide care to children or youth are required to have a copy of the immunization record on file for each person in care in the event that an outbreak of a communicable disease should occur. This information will assist in the immediate exclusion of those who are unimmunized.

In recent years CCF's appear to be having difficulty in acquiring a copy of the immunization record from families and facilities are being coded for being non-compliance with the legislation.

Although licensing expects a copy of the immunization record to be on file for each person in care, this form has been provided to:

- Assist in identifying those children who are not fully immunized and
- Assist CCF'S in meeting Section 21 (1)(a) of the *Child Care Licensing Regulation*

To be completed by Parent/Guardian:

\_\_\_\_\_ (Child's Name) \_\_\_\_\_ (Date of Birth)

**Complete Immunization:**

- Written proof if vaccinations attached
- Written proof of vaccinations unavailable

Received immunization in:

\_\_\_\_\_ (Year) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (if not in Canada, include country)

**Incomplete Immunization:**

- My child has had some vaccinations
- My child has no vaccinations
- I do not know

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent (s) Name(s): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Medication Required: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information (outside of Lower Mainland)**

Contacts Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Contact Information (outside of British Columbia)**

Contacts Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*\*\*Please note that this information will be kept in our Emergency Kit located in each of the programs operated by Puddle Splashers Childcare. The information on this list is for any other agency who may become involved with your child during a disaster. \*\*\*