



CORNERSTONE CHILDREN'S CENTRE
611 Fifth Street, Nelson, BC, V1L 2X1
250-352-9910
cornerstone@fbcnelson.ca

REGISTRATION FORM

NAME OF CHILD _____ Male / Female
(Surname) (Given Names)

NAME CHILD RESPONDS TO _____ BIRTH DATE _____
(mm / dd / yyyy)

PARENTS/GUARDIANS

Female:

NAME _____ HOME PHONE _____

ADDRESS _____
(Street) (City) (Postal Code)

CELL PHONE _____ RELATIONSHIP TO CHILD _____

E-MAIL ADDRESS _____

PLACE OF WORK _____ WORK PHONE _____

Male:

NAME _____ HOME PHONE _____

(if home address , phone and/or e-mail is same as above leave blank)

ADDRESS _____

CELL PHONE _____ RELATIONSHIP TO CHILD _____

E-MAIL ADDRESS _____

PLACE OF WORK _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Office use only:

Enrolled: _____

Withdrawn: _____

MEDICAL INFORMATION

CHILD'S CARE CARD # _____

DOCTOR _____ **PHONE** _____

DENTIST _____ **PHONE** _____

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS? YES / NO

IF YES.... _____

SPECIAL INSTRUCTIONS OR COMMENTS TO CAREGIVERS

(CIRCLE AND DESCRIBE BELOW) Medications Allergies Special Diet Vision Hearing
Speech Disabilities Other _____

Comments: _____

IMMUNIZATIONS: Is your child immunized? Yes ___ No ___

Date of last: DPT _____ MMR _____ H/B _____

EMERGENCY CONTACTS (*other than parents*)

1: NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

2: NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

OTHER PERSON (*besides parents & Emergency Contacts*) **WHO HAS PERMISSION TO PICK-UP CHILD**

NAME _____ PHONE _____ RELATIONSHIP _____

PERSONS WHO DO NOT HAVE PERMISSION TO PICK-UP CHILD

NAME _____ RELATIONSHIP _____

RESTRAINING ORDERS (?) _____ COPY ON FILE Y / N

SUPPLEMENTARY INFORMATION

(Submit on, or before, the first day of enrollment)

NAME OF CHILD _____

The information provided on this form assists the teacher(s) in getting to know your child and his/her own unique needs. This information is for internal use only and will be kept confidential.

Please use the space provided at the end for any other information or comments you would like the teacher(s) to know.

1: Briefly describe your family situation.

(include names and ages of siblings, names of relative and friends, and languages spoken at home.)

2. Are any of your child's close friends attending Cornerstone?

If yes please include name(s).

3: What are your child's favourite activities?

4: What methods of discipline/guidance are used in the home and how does your child usually respond?

5: Does your child have any particular fears? If yes please describe...

6: How does your child feel about starting this new adventure?

7: What ethnic/religious holidays are celebrated in your home?

Please describe any particular food/observances we should know about.

8: Is your child able to dress and toilet him/herself? Yes ___/No ___
Does your child use any special words for toileting? (please list)

9: What do you hope your child will gain from this experience?

10. What special skills/contributions might you be able to make to our program? (i.e. speak another language, love to bake with children, play a musical instrument, carpentry, etc.)

ADDITIONAL COMMENTS/INFORMATION
