



CORNERSTONE CHILDREN'S CENTRE
611 Fifth Street, Nelson, BC, V1L 2X1
250-352-9910
ccc.nelsondaycare@gmail.com

REGISTRATION FORM

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

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

PARENTS/GUARDIANS

Parent/Guardian:

NAME _____ CELL PHONE _____

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

RELATIONSHIP TO CHILD _____

E-MAIL ADDRESS _____

PLACE OF WORK _____ WORK PHONE _____

Parent/Guardian:

NAME _____ CELL PHONE _____

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

ADDRESS _____

RELATIONSHIP TO CHILD _____

E-MAIL ADDRESS _____

PLACE OF WORK _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Office use only:

Enrolled: _____

Withdrawn: _____

MEDICAL INFORMATION

CHILD'S BC MEDICAL SERVICE 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___ Lastest Date: _____

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 a minimum of 7 days before first day of enrollment)

NAME OF CHILD _____

Here are some further questions which will help us get to know your child and enable us to anticipate his/her unique needs. This information is for staff use only and will be kept strictly private and confidential.

Family Situation

1. Please describe your family situation, including names and ages of siblings and names of other significant relative and friends.

2. What languages are spoken at home and by your child?

3. What ethnic or religious holidays are celebrated in your home? Are there any foods or observances we should know about?

4. Does your child have friends attending Cornerstone? Please name.

Your Child - you know your child best! Please describe him/her for us.

1. What are your child's favourite activities?

2. Does your child have any particular fears?

3. How would you describe your child's energy/activity level? Not very active, somewhat active, or very active?

4. Is your child often frustrated and how do they typically express this frustration? By crying or yelling, hitting, biting, running away, or isolating themselves? How do you help your child through their frustration?

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

6. Has your child experienced any difficult situations that would be helpful for teachers to know about?

7. Has your child attended other childcare centres, either home-based or licensed, before?

8. Is your child able to dress him/herself? Yes ___/No ___

Is your child 'toilet' trained? Yes ___/No ___

What kind of help do they need in the bathroom? What kind of 'toilet' words does your child use?

9. How does your child feel about attending Cornerstone?

10. Have you ever had concerns regarding your child's vision, hearing, speech, or fine/gross motor skills?

How about their emotional or behavioural development?

11. Has your child received an assessment for any of these concerns?

12. Has your child every required extra support, ie: a support worker, either at home or in a childcare setting?
What kind of support did the worker provide?

ADDITIONAL COMMENTS/INFORMATION
