



**Rural Frontenac
Community Services**

***Day Care
Toddler/Preschool Registration Booklet***

Child's Name: _____

Admission Date: _____

Discharge Date: _____

Emergency Data Form

Child's Name: _____ D.O.B.: _____

Address: _____

Telephone: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Name: _____ Father's Name: _____

Address, if different from above: _____

Telephone, if different from above: _____

Mother's Work Phone: _____

Mother's Work Address: _____

Father's Work Phone: _____

Father's Work Address: _____

Family Doctor: _____ Family Doctor Phone: _____

Doctor's Address: _____

Emergency Contact Person – **Must be local resident:** _____

Relationship to Child: _____

Emergency Contact Address: _____

Emergency Contact Telephone: _____

Pick up Persons: _____

Other Pertinent Information (i.e. allergies, etc.): _____

Day Care Intake

Toddler

Preschool

Child's Name: _____

Child's Nickname – if applicable: _____

Gender: Male Female

Birthdate (D/M/Y): _____

Age: _____

Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Relationship to Child: _____

Relationship to Child: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

By providing my email, I agree to receive emails from Rural Frontenac Community Services about their programs and the organization.

Emergency Contact

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship to Child: _____

Child Resides With: Mother Father

Guardian

First Language: _____

Second Language: _____

Authorized Persons Who May Pick up Your Child:

Relationship: _____

Relationship: _____

Relationship: _____

Intake Questionnaire – Toddler/Preschool

1. Does your child have allergies? No Yes (if yes, please list below)

2. Was your child born prematurely? No Yes (if yes, by how many months?)

3. Has your child had any illnesses or hospitalizations since birth? No Yes
If yes, why and at what age did it occur? _____

4. How many adults participate in your child’s care on a typical day? _____
Who are these adults? _____
5. Does your child get upset in the presence of strangers? No Yes
6. What are some specific things that frighten your child? _____

 a. How does your child express fear? _____
 b. How does your child express anger? _____
7. How do you settle your child when he/she is upset? _____

8. Is there any other information about your child that staff should know? _____

9. Are there any specific goals or objectives you have for your child that staff can support? _____

10. Does your child have any special diet or allergy? _____

11. What particular kinds of play materials or activities does your child enjoy? Please rate the following in order of preference (1, 2, 3, 4)
Active play: _____
Musical activities: _____
Creative activities: _____
Books: _____

12. Which hand does your child prefer to use? Right Left

13. Please fill in the following as they apply to your child's habits:

Eating Habits:

Feeds him/herself: No Yes

Likes: _____

Dislikes: _____

Difficulties eating: _____

Food allergies: _____

Toileting:

Toilet trained: No Yes

Self-reliant: No Yes

Difficulties (please list): _____

What words does your child use when he/she needs to use the bathroom? _____

Dressing:

Does your child dress him/herself? No (needs assistance) Yes

Social Habits:

Most frequently plays: Alone With others

Age of playmates: _____

Difficulties in group play: No Yes

Sleeping Habits:

Usual bedtime: _____

Morning rising time: _____

Nap time: _____

Difficulties: _____

Family:

Does your child have siblings? No Yes (if yes, how many?) _____

Does your family have pets? No Yes (if yes, give names) _____

14. Has your child ever been separated from parents/guardians for prolonged periods of time (hospitalization, holiday, illness, etc.?) _____

15. Have there been any recent upsetting experiences for your child (illness, deaths, new baby, family disruptions, etc.?) _____

Enrolment Agreement

I consent to the enrolment of my child in Rural Frontenac Community Services Day Care, and have been advised of the policies regarding fees, and the services provided by the facility.

I give consent for my child to take part in short walking excursions under proper supervision.

I agree that in case of accident or injury, emergency medical care may be given in the event that I or the person(s) designated cannot be reached.

I will provide special information to assist the facility in caring for my child (e.g. changes in daily routines, etc.).

I have advised the Day Care Supervisor of any medical issues that may affect my child's participation in the program.

I have read and completed all of the information on the admission form.

Name of Legally Responsible Parent/Guardian (Print)

Parent/Guardian Signature

Date

For Office Use Only

Date of Interview: _____

Date of Admission: _____

Date of Discharge: _____

Interviewed by: _____