



GOLD VALLEY DAYCARE & OSC

• Learn • Share • Laugh • Grow

Registration Package

Registration fee (non-refundable) - \$100

Name of the Child: _____

Start Date: _____

Parent's email ID: _____

Insert Child's
photograph here 😊

Child Information

Child's Last Name _____ First Name _____ Middle Name _____

Sex _____ Age _____ Date of Birth _____

Sin No _____

Living Arrangement: () Both Parents () Mother () Father () Other _____

Home

Address _____

Home Phone _____

_____ Legal

Guardian(s): () Both Parents () Mother () Father () Other _____

If your child is under 5, are they () Potty Trained () In Pull-ups (if over 2) () In Diapers (if under 2)

If your child is over 5 and attends school, please specify school name

_____ (please do collect transportation form and fill details)

Parent Information

Parent 1 (or Guardian)

() Mother () Father () Other

Last Name _____

Home First

Name Address Sin

No: _____

(optional) _____

Home Phone _____ Cell Phone _____ Work Phone

Employer _____ Work

Address _____

E-Mail

Address _____

Parent 2 (or Guardian)

() Mother () Father () Other

Last Name _____

Home First

Name Address

_____ Sin No

(optional) _____
Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Work _____
Address _____
E-Mail _____
Address _____

Emergency Information (Must have doctor's name and phone number)

Family Doctor

Name _____ Address _____
_____ Phone Number _____
_____ Office Hours _____

Child's AHS Number: _____

Family Dentist

Name _____
Address _____ Phone Number _____
_____ Office Hours _____

Emergency Contacts (list at least 3 not including parents)

1. Name _____ Relationship _____
Address _____ Postal Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
2. Name _____ Relationship _____
Address _____ Postal Code _____
Home Phone _____ Work Phone _____ Cell Phone _____

Authorized Pick-Ups (must have complete addresses with Postal code)

Only the people listed will be allowed to pick up your child. Include parents.

1. Name _____ Relationship _____
Address _____

__ Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Personality

Please answer the following questions to help us understand your child's needs and interests.

- Favorite activities _____

- Fears (if any) _____

- Dislikes _____

- Reaction to stress _____

- Previous Daycare/Day home (if any) _____

- Sleep pattern _____

- Physical Goal _____

- Personal Goal _____

- Pets (if any) _____

- Anything else that would like us to know about your child/children _____

Medical consent form

In case of an accident and/or illness and unavailability of the parent, we need permission to be able to:

- Yes/No _____ Contact the child’s physician or if the physician is not available either, to be able to contact another physician for the purpose of administering the necessary treatment to your child and release of necessary information for care.
- Yes/No _____ Consent to bring to nearest emergency. ○ Yes/No _____ Be transported by Ambulance, if required and ready to pay the ambulance fee.

Parent/Guardian Signature.

Date

Permission to Transport to School (please fill transportation form)

I, _____ authorize the Goldvalley Daycare, to transport my child/children to and from _____ School by the authorized daycare vehicle or walking if weather permits.

Parent/Guardian Signature.

Date

Field Trip Permission Form

As a part of our regular programming, we will be taking various walking trips off the premises, within the neighbourhood. The consent form below will give us more flexibility and allow for more spontaneity in our planning. We will continue to have you provide consent forms for any motor transportation trips. The walking distance will be within 3 kms.

I, _____ give my permission for my child or children namely, _____ to be able to participate in the walking trips off the premises of the Goldvalley Day care & OSC. These will be neighborhood parks within the above distance.

Parent/Guardian Signature.

Date

Use of Photo Consent

I/We, _____ hereby give Goldvalley daycare permission to take and use child/children's or family photographs and/or videos. I/We understand that these photographs will be used for displays, For our website, for use in local newspaper, for our Facebook page.

Parent/Guardian Signature.

Date

Observation & Assessment Consent

I/We, _____ hereby give consent to Goldvalley day care for my child, _____ to be a part of Internal (room staff) , External (FCSS-Family & Community Support Services & Other agencies). Observations and Assessments, done for Developmental and Physical Environment Success.

Parent/Guardian Signature.

Date
