ENROLLMENT FORM

Beaufort Children's Centre, 2300 Ryan Rd., Courtenay, BC V9N 8N6

Enrollment Date: _____ Start Date : _____

CHILD'S NAME: _____

Birthdate: _____ Female ____ Male ____
         yy/ mm / dd

Address : _____ City: _____ Postal Code: _____

Does the child live with [ ] Yes [ ] No
Mother / Guardian Name: _____ Home Ph: _____

         Email : _____ Cell Ph. : _____

Classroom Schedule */ Place of Work:_____ Work Ph: _____
* Please attach copy of class schedule

Does the child live with [ ] Yes [ ] No
Father / Guardian Name: _____ Home Ph: _____

         Email : _____ Cell Ph. : _____

Classroom Schedule */ Place of Work: _____ Work Ph:_____
* Please attach copy of class schedule
Special Custody Arrangements ? No ___ Yes : _____
                 Please attach any relevant court orders

Person(s) authorized to pick up the child (other than parent(s)/guardian(s)) :

1. Name: _____ Relationship: _____

   Phone: _____ (Home)   Phone : _____ (Work/Cell)

2. Name: _____ Relationship: _____

   Phone: _____ (Home)   Phone : _____ (Work/Cell)

3. Name: _____ Relationship: _____

   Phone: _____ (Home)   Phone : _____ (Work/Cell)

Record of Immunizations - must be attached to Registration Form

Doctor : _____ Phone: _____

Medical Number: _____

Has the child any known health problems (communicable diseases) [ ] No [ ] Yes _____

_____

Any Allergies? [ ] No [ ] Yes _____
Please attach any special instruction in the event of an allergic reaction.

I authorize the educator/administrator to obtain the following services for this child as necessary:
Physician and /or ambulance in the event of an emergency.

_____   _____   _____
Date   Signature Parent / Guardian   Signature of Educator or Administrator

Other children or person(s) in the household:

Name: _____ Age _____   M F   Relationship _____

Name: _____ Age _____   M F   Relationship _____

Name: _____ Age _____   M F   Relationship _____

Any household pets ? _____

Has your child had any previous experience away from home? No [ ]   Yes [ ]

Describe previous experience(s):_____

_____

Do you think your child feels comfortable leaving parents? No [ ] Yes [ ] Explain _____

_____

_____

Please tell us more about your child.

1. Physical abilities, health (toddling, teething, toileting) _____

_____

2. Personality characteristics (shy, outgoing,slow-to-warm) _____

_____

_____

3. Eating habits (strong likes and dislikes) : _____

_____

_____

4. Sleeping habits (special blanket or toy, duration of nap) _____

_____

_____

5. Is there anything else you would like us to know? _____

_____

_____

_____