REGISTRATION INFORMATION

ALEPH-BET CHILD LIFE ENRICHMENT PROGRAM

INC.

-A beneficiary of the Jewish Federation of Winnipeg/Combined Jewish Appeal-

The information requested concerning your child on this registration form is to help the daycare centre staff become acquainted with your child. All information pertaining to children and families is held in the strictest of confidence.

For office use only:	Date of Enrollment: Individual Health Care Plan Custody Order					
PERSONAL INFORMATION						
Child's name :	First	Last	Nickname (if applicable)			
Date of birth:		Last	Мскиаше (п аррисане)			
Home address:	Month/Day/Year		Postal code:			
Medical numbers: _	PHIN# (9 digits)		Family # (6 digits)			
Child's physician: _		Physician	Physician's phone #			
Known Allergies (Plo	ease list any source of aller	gens ie. food, me	dication, environmental, animals, etc.):			
Is this a life threatening allergy? Yes No EpiPen prescribed? Yes No						
Prescribed medications:						
Restrictions (dietary, religious dietary, etc.):						
Parent/Guardian #1						
First name:			e:			
		Postal code:				
Home phone #:		Cell phon	Cell phone #:			
Name of employer/s	chool:					
Work/school address	s:	W	ork phone #			
	<u>Parent</u>	/Guardian #2	<u>.</u>			
First name:		Last name	e:			
Home address:		Po:	Postal code:			
Home phone #:		Cell phon	e #:			
Name of employer/s	chool:					
Work/school address	ss:	W	ork phone #			

EMERGENCY CONTACT INFORMATION

Please provide the name of a contact person other than the parents/guardians for use in the event staff are unable to reach parents/guardians in an emergency situation. Persons designated as an emergency contact will automatically be given pick up privileges. Photo identification required.

<u>Co</u> 1	ntact #1		
First name:	Last name	e:	
Relationship to Child:			
Home address:			
(# & Street name)		(City/town)	
Phone Numbers: Home	Cell	Work	
Con	ntact #2		
First name:	Last name:		
Relationship to Child:			
Home address:			
Home address: (# & Street name)		(City/town)	
Phone Numbers: Home	Cell	Work	
Other adults who	may pick uj	p my child	
Please provide the first and last name of will only be released to those people whose na up person brings photo identification to present released to individuals listed at any time and it staff of any changes to the pick up list.	mes appear or at to staff at the	n this list. Please ensure that the pick e time of pick up. Children may be	
Name:	Name:	_	
Name:	Name:		
Name:	Name:		
Name of school (if applicable): School bus schedule: AM bus #		pick up time:	

PM bus # drop off time:
Has your child had previous experience in a child care setting? If yes, please provide details (type of child care setting, length of care, was it a positive experience for you and your child and why, etc.).
Please provide any information regarding your family that you feel may assist staff in caring for your child (eg. siblings, languages spoken in the home, two parent/single parent family, custody/living arrangements, extended/step family, foster family, etc.).
Does your child have any developmental needs or medical conditions (social, emotional physical, etc.)? If yes, please provide details of your child's needs, how you and your family have assisted your child in the home and/or previous school/child care settings.
Does your child have any behavioural issues? If yes, please provide details of the behavioural issue and how you and your family have assisted your child.
Has your child received support for a developmental need, medical condition or behavioural issue (e.g. therapists, developmental councilors, behviouralists, etc.)? If yes please provide details.

In general how does your child react to stressful situations? Please provide specific information.				
How does your child relate to other children	en? To adul	ts? Please provide of	letails	
Please describe any concerns you may hav daycare program.		•	nent to the	
Does your child eat without assistance?	YES	NO		
Does your child enjoy eating?	YES	NO		
Do you have any concerns about you child	d's eating ha	bits? YES	NO	
If yes, please specify your concerns				
Is your child toilet trained for urine?	YES	NO		
Is your child toilet trained for bowels?	YES	NO		
What words do you use with your child fo	or toileting?_			
Does your child nap?	YES	NO		
If yes, how long?				
Does your child sleep well?	YES	NO		

Child's Name:____

1) I/We have read and understand the Parent Pol Life Enrichment Program Inc. and agree to abide	licy Package provided to me by Aleph-Bet Child by the policies as written.
2) I/We grant permission for my child to take permission for m	d that if I do not want my child to participate in ot be made to remain in the centre it will be my
3) I/We grant permission for photographs or vipictures of my child. Photographs or videos will pictures may be distributed in the centre, to child may be used for promotion or advertising of Alexandre 4) I/We grant permission for photographs or vipimages of my child to be posted on the Aleph-Bewebsite www.alephbet.ca.	only be used as part of the program. These dren who are leaving in "good-bye albums", or ph-Bet Child Life Enrichment Program Inc.
5) I/We grant permission for my child's name for invitations/cards to be sent home, and around	•
Signature Parent/Guardian #1	Signature Parent/Guardian #2
Date	
Parent Comments:	

RELEASE FORMS

Please return all forms to the Director/Assistant Director prior to enrollment.