

Yellow Mellow Registration form for Group Daycare

Family Information

Child's name:	_____	Birthdate:	_____	Gender:	_____
	<small>Last name, First name</small>		<small>YYYY/MM/DD</small>		
Name child responds to:	_____				
Name of parent registering child:	_____				
Address:	_____			Home Phone:	_____
Postal Code:	_____	Cell Phone:	_____	Email:	_____
Employer:	_____			Work Phone:	_____
Name of other parent:	_____				
Address:	_____			Home Phone:	_____
Postal code:	_____	Cell Phone:	_____	Email:	_____
Employer:	_____			Work Phone:	_____
Other children living at home:					
Names and ages:	_____				

Emergency contacts and authorized pick up contacts

Name:	_____	Phone:	_____	Relationship:	_____
Name:	_____	Phone:	_____	Relationship:	_____
Name:	_____	Phone:	_____	Relationship:	_____

Persons not permitted to access child

Name:	_____	Phone:	_____	Relationship:	_____
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Custody Restrictions

Are there custody restrictions such as a court order? **Y / N** Please state conditions here and attach legal document if it is required of us to enforce

General Information

Is your child toilet trained? **Y /N** Would you like your child to nap? **Y /N**

Health information

Family Doctor: _____ Phone: _____

Personal Health Number _____

Does your child have any special needs? **Y / N**

If yes, please explain and attach a copy of diagnosis:

Does your child have a support worker? **Y / N** **If yes, please contact Yellow Mellow before registration.**

Is your child allergic to anything? **Y /N** If yes, please explain:

Has your child or does your child have any serious health problems that we need to be aware of? **Y / N**

If yes, please explain:

Does your child regularly take medication? **Y / N** If yes, please explain: **A medication form must be filled out and attached if staff are to administer any medication. A Health care plan must also be filled out and attached if we are to administer any medication in an emergency (such as epipen)**

Immunization

You are responsible for keeping your child's immunization record. A copy must be attached.

Is your child immunized? Y /N

If your child is not immunized, please read and sign the following:

I understand that should there be a suspected or real outbreak of any communicable disease in my child, I will be asked remove my child from the center until cleared in writing by medical staff.

Signature: _____ Date: _____

I would like Yellow Mellow Daycare to contact me ONLY in the case of first aid emergencies (child requires medical attention at a hospital, sustained a head injury, or has a communicable disease), and not for every incident my child may be involved in.

Signature: _____ Date: _____

Child Care Information

Has your child been registered at Yellow Mellow before? **Y /N** Has your child been in child care before? **Y / N**

Please list the days of care you need: _____

Time your child will be arriving _____ am. Time your child will be picked up? _____ pm.

Any other information that we need to know about your child to help us get to know them better (habits, favorite foods, dislikes etc)?

Policies and Procedures

I, _____ legal parent/guardian of _____ have read and understood and agree to all the terms, conditions, policies of Yellow Mellow Daycare, as set out in the parent handbook that is available.

I agree to abide with the center's policies regarding the following:

- Fees are to be paid in advance on the 1st of each month (unless otherwise prearranged).
- If ministry or subsidy is covering fees, you are responsible for full fees until those fees have come through.
- \$35 charge for NSF cheques
- Late fees will count starting on the 2nd and will be \$30 per day that the payment is late. If not paid in full by the 4th, care will be suspended until fees are paid in full.
- One month's written notice is required when withdrawing from the program, or one month's fees in lieu of.
- Security deposits are non-refundable, they will go towards your last month of care.

Parent signature: _____ Date: _____

Permissions

I give authorization for my child _____

- To go on field trips (walking or bus) arranged by Yellow Mellow staff **Y / N**
- To be transported by ambulance at the parents cost to the nearest medical facility with a member of Yellow Mellow staff in the event of an accident/illness, understanding that all parents/guardians have been notified first if possible **Y / N**
- To have my child' photo taken for use in the center, for record keeping as well as in our closed Facebook group (Yellow Mellow Daycare Community, search and request to join!) which is monitored by the manager **Y / N**
- To have Yellow Mellow apply sunscreen if and when deemed necessary (provided by you) **Y / N**
- To allow Yellow Mellow staff to give snacks such as Cheerios or Mum Mums to children if they run out of food **Y/N**
- I accept all responsibility for payment of all accounts rendered to my family **Y / N**
- I certify that the above information contained on this form is accurate

Parent signature: _____ Date: _____

*****Please refer to the parent handbook for more details on our policies and procedures*****

This registration is not complete, nor will it hold your child's spot, if all fees and documents are not attached. Spots may be filled if incomplete registrations are handed in.

Manager signature: _____ Date: _____

****For Office use only****

Date of registration: _____ Start date: _____

yyyy/mm/dd

yyyy/mm/dd

Last day attended: _____

yyyy/mm/dd

