

Daydreams Childcare Center



Registration Form

Child's name: _____ Birthdate: _____

Address: _____ Age (when start): _____

_____ Health Card #: _____

Parent: _____ Parent: _____

Email Address: _____

Phone# (home): _____ Phone# (home): _____

Work/Cell#: _____ Work/Cell#: _____

Place of Work: _____ Place of Work: _____

Emergency Contact (alternative): _____ Phone: _____

Relationship to Child: _____

Child's Doctor: _____ Phone #: _____

Program: Full Time Part Time (what days)

Mon Tues Wed Thurs Fri

Starting Date Preferred: _____

Arrival Time: _____ Departure Time: _____

Siblings (name/age): _____

Other programs child attends: _____

Is your child toilet trained? Yes No

Does your child generally have a good appetite? Yes No

Parent Signature: _____ Date: _____



Dear Parent:

Please share some information with us about your child. You have valuable insights that will help us to provide the best possible environment for learning. We would like to develop a partnership between home and school and encourage you to share both your child's achievements and any concerns that you may have. Please take the time to fill out this form.

Child's Special Interests/Activities: _____

Things Child Dislikes: _____

Child's Special Needs: _____

Ways Child likes to be comforted: _____

Child's Usual Naptime and Naptime Routines: _____

About my child's eating habits (What they like/dislike/haven't tried yet) _____

My Child's Daily routine (include bathroom routine/habits if Toilet Trained)

Additional Comments For my Child's Teacher _____

Thank you from Daydreams Childcare Center!