

West Vancouver Child Development Centre
2478 Haywood Ave, West Vancouver, BC V&V 1Y1
Phone: (604) 926-7072 Fax: (604) 926-7038 Email: wvcdcd daycare@gmail.com

Registration Form
(Please Print Clearly)

Child Information:

First Name:	Last Name:
Birth date (Day/Month/Year):	Place of Birth:
Gender:	

1. Guardian Information:

Name:	Home Phone:
Address:	Cell Phone:
Occupation:	Work Phone:
Email:	

2. Guardian Information:

Name:	Home Phone:
Address:	Cell Phone:
Occupation:	Work Phone:
Email:	

Name of Persons Authorized to Take Child From the Centre:

(Emergency Pick up)-Note these people must be over 19 and provide "Photo ID" during pick up.

(Please fill out contacts in order you would like the centre to call them in.)

Name:	Daytime phone:
Relationship to child:	Evening phone: (after 6pm)

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Relationship to child:	Evening phone: (after 6pm)

Child Care History and Family Background:

Does your child have any experience in a group situation:	<u>Yes</u>	<u>No</u>
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If yes, what kind of group situation?	
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Other members of your house hold:

Name	Relationship to child

Religious & Ethnic observations:	
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Health & Medical Information

Date of last medical examination: (Day/Month/Year):	
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Any medical concerns or health issues we need to be aware of. Ex. Allergies, Asthma, needs :	
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If yes to above question please describe:

(Please note additional paper work may need to be filled out)- Asthma Care Plan, Medical Alert Form

<u>Needs/Condition:</u>	<u>Description:</u>

Permission to call an ambulance if needed: _____
(Guardian signature)

A little information about your child:

Does he/she have any fears that we should know about:	
Words that you use to for "going to the bathroom":	
Is English their first language: If no, what language(s) do they speak?	
Does your child have a basic understanding of the English language:	
Do you have any concerns that we should know about?	If yes, please explain:

