



## Aurora Early Learning Centre Registration Form

<b>CHILD INFORMATION</b> Full Name :	<b>START DATE:</b>	
<b>PROGRAM:</b>	<b>FULL TIME</b> <input type="checkbox"/>	<b>PART-TIME</b> <input type="checkbox"/>
	<b>DAYS :</b>	
	Gender:	Child's Birth Date:
Full Address:		
Mother/Legal Guardian:	Father/Legal Guardian:	
Address if different than above:	Address if different than above:	
Phone:	Phone:	
Email:	Email:	
Place of Work:	Place of Work:	
Work Address (or alternate location):	Work Address (or alternate location):	
Phone (include extensions):	Phone:	
Cellular:	Cellular:	
Custody Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the custody order		

PERSON(S) AUTHORIZED TO PICK UP CHILD		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

ALTERNATE PERSON TO CONTACT IN EMERGENCY		
Please list persons other than parents. Parents will be contacted first in the case of an Emergency. Please list in order you wish to be contacted.		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



## Aurora Early Learning Centre Registration Form

PERSON(S) NOT AUTHORIZED TO PICK UP CHILD		
If applicable, supply a copy of the Custody Order		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

PEDIATRICIAN OR FAMILY DOCTOR	
Family Doctor/Clinic Name:	Phone:
Doctor/Clinic Address:	

CHILD'S IMMUNIZATION STATUS					
( Please record dates ( year/month/day) or attach a copy of your child's immunization schedule)					
Is your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Diphtheria	Pertussis	Tetanus	Polio	MMR (Measles/Mumps/Rubella)	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	Comments:	
4.	4.	4.	4.		
5.	5.	5.	5.		

CHILD'S HEALTH HISTORY				
Does your child have any known health problems? <i>Please check all that apply</i>				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Earaches	<input type="checkbox"/> Mumps	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Eczema	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Polio	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Frequent colds
<input type="checkbox"/> Croup	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Measles	<input type="checkbox"/> Influenza	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Chicken Pox	Other _____		
<b>Allergies:</b> (Name all)   1) _____   2) _____   3) _____				
Does your child required an <b>Epi Pen</b> <input type="checkbox"/> yes <input type="checkbox"/> No   What is the Allergen :				
<b>Dietary Restrictions:</b> <input type="checkbox"/> yes <input type="checkbox"/> No   (If yes list them all)				
Reaction to Bug Bites or Stings? Please describe				
Does your child have any physical disabilities? Please describe				
Do you have any concerns about your child's development? i.e. Behaviour, vision, speech, language, mobility				



## Aurora Early Learning Centre Registration Form

Does your child have any regular and/or occasional medication? If so, please list reasons and symptoms that would indicate their need.

Please list any information regarding your child's past medical history that may enable us to work more effectively with him/her

### FAMILY AND GENERAL HOUSEHOLD INFORMATION

Please list names of the significant people in your child's life ( e.g. siblings, grandparents, pets)

Primary language in the home:

English speaking contact ( if applicable):

Other languages:

Phone:

### PERMISSION TO ADMINISTER

I authorize **Aurora Early Learning Centre** to apply any over the counter products, such as sunscreens, diaper cream, lip balms, etc. as needed or verbally instructed. This does not apply to OTC medications such as Tylenol.

Parent or Guardian Signature

Date

### PERMISSION FOR OUTINGS/FIELDTRIPS

I hereby give permission for **Aurora Early Learning Centre** to take my child, for local outings within the community. I understand these outings will follow the proper student to teacher ratio and travel will be by foot or local bus. (Large fieldtrips will require separate signatures on Fieldtrip form)

Parent or Guardian Signature

Date

### PERMISSION FOR PICTURE TAKING

I hereby give my permission for **Aurora Early Learning Centre** to take pictures of my child to be used for events, announcements or online publicity *Copyright © Small Steps Early Learning Centre, All rights reserved. Check all that apply:*

General record keeping

Documentation in the Centre

Advertisement of the Centre

Parent or Guardian Signature

Date



## Aurora Early Learning Centre Registration Form

### PERMISSION FOR EMAIL

I hereby give permission for **Aurora Early Learning Centre** to send me emails with information regarding upcoming events or related to the centre. *Copyright © Aurora Early Learning Centre, All rights reserved.*

**Parent or Guardian Signature**

**Date**

### EMERGENCY CARE

I authorize **Aurora Early Learning Centre** to obtain the following services for my child if necessary: Public Health Nurse, Medical Practitioner, and or Ambulance. (All healthcare cost and ambulance fees are the responsibility of the parent/guardian.)

**Parent or Guardian Signature**

**Date**

### PARENT HANDBOOK

I have read and understand all the policies and procedures in the Parent Handbook. I agree to follow by these guidelines and by not doing so it may lead to termination.

**Parent or Guardian Signature**

**Date**

I completed this Registration Form to the best of my knowledge, without knowingly withholding any relevant or important information pertaining to my child.

**Parent or Guardian Signature**

**Date**

### CENTRE USE ONLY

**Aurora Early Learning Centre** STAFF PERSON REVIEWING FAMILY'S DOCUMENTS:

Signature:

Print name:

Date:

Location:

Child's Withdrawal Date:

Reason For Withdrawal:

Deposit Received

Registration fee received

**DIVERSITY EDUCATION PROGRAM** reflecting the rich diversity of our dynamic region.

*Copyright © Aurora Early Learning Centre, All rights reserved*  
<http://www.smallstepscentre.ca> E-mail: [info@auroralearningcentre.ca](mailto:info@auroralearningcentre.ca) Tel. 905-713-1122  
 138 Centre St. Aurora, ON L4G 1K1