

For Official Use Only

Child Registration Form

Date:

Start Date:

Child's Information

Child's Name:

D.O.B:

MM / DD / YY

Nickname:

Gender:

☐ Female

☐ Male

Address:

Phone:

Cell:

Program Option:

☐ Full Day

☐ Half Day

Add-ons:

☐ Saturday

Meal Plan:

☐ Yes

☐ No

Schedule:

Estimated Time of Drop-Off

Estimated Time of Pick-Up

Parents/Guardians Information

Father's Information

Name:

Address:

P.O Box:

Postal Code:

Email:

Home:

Work:

Cell:

Employer's:

Work Hours:

Mother's Information

Name:

Address:

P.O Box:

Postal Code:

Email:

Home:

Work:

Cell:

Employer's:

Work Hours:

Parents Marital Status:

☐ Married

☐ Divorced

☐ Single If divorced, who has legal custody?

Primary Residence:

☐ Both

☐ Mother

☐ Father

☐ Both

☐ Guardian

May the non-custodial parent pick-up the child?

☐ Yes

☐ No

Blooms must be provided with the court issued custody papers that clearly describe the custody agreement. Any person granted custody papers in such may pick up the child during the times that person has custody and may designate other persons who are not authorized to pick up the child at such times, unless the court papers state otherwise.

The child will be released only to the people on this application and the following:

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

Emergency Contact Details

(Please list atleast two emergency contact aside from yourself)

Name:	Relationship to Child:	
Home:	Work:	Cell:
Name:	Relationship to Child:	
Home:	Work:	Cell:

Medical Information

Attending Physician:	Contact Number:	
Clinic / Hospital Address:		
P.O Box:	Postal Code:	Email:
Allergies (food, medications, bees, etc.):		
<input type="checkbox"/> Autism <input type="checkbox"/> Behaviors Disorders <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Language Disorder <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes		
Other Health Conditions (Please specify):		
Does your child take any medication(s)?	If so, please list name of medication(s) and reason for taking:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your child receiving any professionally prescribed treatment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:		
Illnesses your child has had:		
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Other		
Special Need / Concerns:		

About your child

What is your child's favorite indoor activity:

What is your child's favorite outdoor activity:

Favorite Book:

Favorite Toy/Game:

Please list any other household situations that our staff should be aware of while working with your child:

Play, Socialization and Emotional Development

How does your child get along with other children?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

What other group experience has your child had (check all that apply, leave blank if none)?

☐ None ☐ Pre-School ☐ Church ☐ Play Group ☐ Other

How does your child show affection?

Does your child usually accept new people easily? ☐ Yes ☐ No

What nervous habits does your child exhibit (if any)?

When does your child usually show these nervous habits?

Does your child have any fears or problems?

Physical Development

Does your child have any food dislikes or eating problems?

☐ Yes ☐ No

If so, please explain:

What is your child's usual waking time?

Child's usual bedtime?

Does your child currently nap at home?

☐ Yes ☐ No

Approximate Time(s) and length of nap(s):

What technique(s) are used to discipline your child?

What is your child's usual reaction to discipline?

Please give any further information which you feel would help us better understand your child:

What does the child say when he/she wishes to use the toilet?

Is your child potty trained? ☐ Yes ☐ No

Does your child need help with dressing?

☐ Yes ☐ No

No Eating

☐ Yes ☐ No

Washing Hands?

☐ Yes ☐ No

If yes, whom?

Has your child being cared by anyone other than the parents? ☐ Yes ☐ No

Special Instruction:

AGREEMENT

By signing below, I acknowledge the following:

1. I have read the **BLOOM** policies and procedures and understand and agree with the policies and procedures set forth. Specifically, but not limited to, the Emergency Evacuation Plan, the Operational Policy, Child Protection Policy and the Accident, Injury, Illness Policy and Hazard Management Plan.
2. Additionally, in the event of an emergency and the emergency contacts listed above are unable to be reached, I hereby authorize the staff consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist.
3. I agreed to pay in advance for each month's fees.
4. I am aware that I will be charged a fee of CI\$50.00 for payments received after 5th of the month.
5. I am aware that I will be charged a fee of CI\$15.00 for every 15 minutes for late pick-ups.
6. There will be a charge of CI\$25.00 for cheques that are returned for non-payment.
7. **Photo permission** - i DO give () I DO NOT give () **BLOOM** permission to take my child's picture. The picture may be used for artwork, preschool advertisement or promotion events etc.

I have read and agree to the terms and conditions of listed above:

Child's
Name:

Name of Parent
/Guardian:

Signature:

Date: