

ID CARD

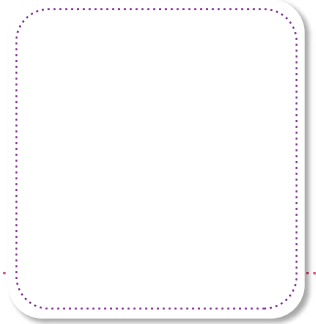
Name

Surname

Date of Birth

Address

Languages spoken at home



My Parents / Guardian

Please print visibly

My Mommy

Profession Company

Mobile Phone Other Phone

Email

Address (If Different)

My Daddy

Profession Company

Mobile Phone Other Phone

Email

Address (If Different)

Emergency Contact

Name Date of Birth

Profession Company

Mobile Phone Other Phone

Email

Relationship to child

My Brothers and Sisters

Date of Birth

Name DOB

Name DOB

Name DOB

PROGRAM

Age Group	born 20	, Walking	1 - 2 years	<input type="checkbox"/>	Toddler		
	born 20		2 - 3 years	<input type="checkbox"/>	Preschool	Morning	Transition start Date
	born 20		3 - 4 years	<input type="checkbox"/>	Jr Kindergarten	Day	
	born 20		4 - 5 years	<input type="checkbox"/>	Sr Kindergarten	3 days	
	Summer Camp	July - August		<input type="checkbox"/>		5 days	
	Extended program	Before school		<input type="checkbox"/>		Other	
		After school	<input type="checkbox"/>				

For Internal Use Only

Start Date: Discharge Date:

Class:

Session: HD FD #D

Registration Fees:

Payment: Check

Cash

PAD

Authorization: Date:

Registration Fee:

Deposit Fee:

Monthly Fee:

MY MEDICAL CARD

Please attach copy of vaccination card

My height My Weight

My Physician

Dr.

Address

Telephone

Medical Conditions

Allergies? What to do in case?

Provided emergency plan

Visual Deficiency? Hearing?

Provided medical statement

Breathing Problems?

Provided emergency plan

Any regular medicine?

Provided medical statement

Medicine administration consent form

Is your child up to date with his/her immunizations Yes No

Provided immunization copy

If no provide reasons why

Provided medical statement

Remarks

My Habits

To sleep

To eat

Favorite toys / games

Favorite food / meal

MY AUTHORIZATIONS

I, Mr. Mrs.

Hereby have read and understood the following requests. I approve the mentioned authorizations

Please sign followed by "read and approved"

You can refuse the authorizations A to D, Please sign followed by " Not Approved"

You cannot refuse Point E.

A PICK UP

Please sign followed by "read and approved"

In case my mommy or daddy / guardian cannot pick me up, the following are authorized to:

Mr. Mrs. Tel.:

Mr. Mrs. Tel.:

Relationship to child

Authorization:

B Photos and Website

Please sign followed by "read and approved"

All year long, "Les Fanfans Daycare" team takes Pictures of me & my friends.

These Pictures are posted on their Website: www.lesfanfans.ca. Some of the material may be used for promotional intent.

Authorization:

C Psychologist

Please sign followed by "read and approved"

During the year, Les Fanfans Daycare might ask a child psychologist to visit the daycare, to assess the children's welfare as well as the team's quality of work. His review is only a guideline to help the team do their job better.

Authorization:

D Medical Emergency

Please sign followed by "read and approved"

If I fall and I am hurt, can the team carry out first aid treatment? In case it is an emergency, the team will contact the appropriate authorities then contact my parents/guardians or emergency contact

Authorization:

E Parent Handbook : Internal Rules & Regulations

Please sign followed by "read and approved"

"Les Fanfans Daycare" has issued a Parent's Handbook grouping our internal rules and regulations.

Parents must be aware that these rules and regulations are binding. There will be no exceptions to its content.

Authorization:

HABITUDES DE VIE DE VOTRE ENFANT

YOUR CHILD'S HABITS

L'ALIMENTATION : FOOD

Rythme: votre enfant boit-il :
Rhythm: your child drinks:

- vite quickly
lentement slowly
avec des pauses with breaks

Lait utilisé : Milk used

- allaitement breastfeeding
lait en poudre milk powder
lait de vache cows milk

A quelle température boit-il son biberon? Et à quelle heure?
At what temperature would you like your child to have their bottle? And at what time?

- température ambiante room temperature
chaud hot

horaire _____time

Comment l'enfant est-il installé pour les repas?
How does your child sit for meals?

- dans une chaise haute in a high chair
sur une chaise on a chair
autre (précisez) other (specify)

Votre enfant mange : Your child eats

- seul by himself / herself
avec aide with support
au biberon bottle
à la cuillère spoon

Votre enfant boit : Your child drinks

- de l'eau water
du jus de fruit fruit juice
autre other

Certains aliments sont-ils contre-indiqués pour votre enfant ou supprimés par convenance personnelle?
Are some foods forbidden or cut out for personal reasons?

- oui yes non no
si oui, lesquels (if yes, which ones)

Digestion : Digestion

Votre enfant présente-t-il fréquemment:
Your child does this frequently:

- des régurgitations regurgitation
des fausses routes choking with food
des coliques colic
des diarrhées diarrhea
une constipation constipation

Autres observations par rapport à l'alimentation de votre enfant:
Other observations over feeding your child

SOMMEIL : SLEEP

Comment manifeste-t-il sa fatigue?
How do you recognize when your child is tired?

A quel moment fait-il la sieste?
When does your child nap?

- matin morning combien de temps
après midi afternoon how long

Dans quelle position : How? (position)

- couché sur le dos flat on the back
couché sur le ventre on tummy
couché sur le côté lying on his/her side

Comment s'endort-il? What are your child's sleeping habits?

- sucette pacifier
musique / berceuse music / lullaby
son «doudou» (précisez) his "security blanket" (specify)
est-il berçé is your child rocked?
êtes-vous présent are you sitting next to your child?
est-il couvert is he/she covered
autre (précisez) other (specify)

Comment est son sommeil? How well does your child sleep?

- calme calm autre (précisez) other (specify)
agité agitated _____

A son réveil : Upon awakening

- le levez-vous de suite?
does your child get out of the bed immediately after waking up?
 le laissez-vous un peu dans son lit?
does your child prefer to stay in the bed ?
 l'enfant se lève seul
does your child wake up alone ?

CHANGES : HYGIENE

Présente-t-il des allergies ou des contre-indications à certains produits??
Does your child have any allergies?

- oui yes non no
citez-les avec précision name them accurately

Quelles crèmes utilisez vous pour votre enfant?
A quelle fréquence?
Which cream does your child use? How often?

SOCIALISATION SOCIALISATION

A-t-il des frères et soeurs? De quel âge?

Does your child have any brothers and sisters? How old are they?

Est-il intégré à leurs jeux?

Does your child play with them?

Quelle activité est particulièrement appréciée par votre enfant? Coloriage? Musique? Voitures? Lego?

What is your child's favorite activity? Coloring? Music? Cars? Lego?

Comment pouvons nous réconforter votre enfant en cas de chagrin?

How to soothe your child if upset?

Comment réagit-il en présence d'autres enfants?

How does your child behave in the presence of other children?

Comment réagit-il en présence d'autres adultes?

How does your child behave in the presence of adults?

Comment voyez-vous votre enfant ? (plutôt calme, turbulent, timide, anxieux....)

How would you describe your child (rather quiet, turbulent, shy, anxious...)

Votre enfant a-t-il besoin d'une surveillance particulière: Si oui, précisez :

Does your child needs special monitoring ? If yes, specify.

Commentaires

Any Comments