

CHILD PRE-REGISTRATION FORM



Instructions: Please complete this form with accurate information about your child. All fields are required unless otherwise stated.

1. CHILD'S INFORMATION

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** // _____
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Home Address:** _____
- **City:** _____ **Postal Code:** _____
- **Primary Language Spoken at Home:** _____

2. PARENT/GUARDIAN INFORMATION

◆ Primary Parent/Guardian

- **Full Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** (Home) _____ (Cell) _____
- **Email Address:** _____
- **Employer:** _____
- **Work Phone Number:** _____

◆ Secondary Parent/Guardian (if applicable)

- **Full Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** (Home) _____ (Cell) _____
- **Email Address:** _____
- **Employer:** _____
- **Work Phone Number:** _____

3. EMERGENCY CONTACTS (OTHER THAN PARENTS)

(In case parents cannot be reached)

1st Emergency Contact:

- **Full Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** _____

2nd Emergency Contact:

- **Full Name:** _____
 - **Relationship to Child:** _____
 - **Phone Number:** _____
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4. MEDICAL INFORMATION

- **Health Card Number (if applicable):** _____
 - **Family Doctor's Name:** _____
 - **Doctor's Phone Number:** _____
 - **Does your child have any allergies?** ☐ Yes ☐ No
 - If yes, please specify: _____
 - **Does your child require any medications?** ☐ Yes ☐ No
 - If yes, please specify: _____
 - **Has your child received all required immunizations?** ☐ Yes ☐ No
 - (Please attach immunization records if available.)
 - **Any medical conditions or special needs?** ☐ Yes ☐ No
 - If yes, please explain: _____
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5. CHILD'S ROUTINE & PREFERENCES

- **Is your child toilet-trained?** ☐ Yes ☐ No ☐ In Progress
 - **Does your child have any food restrictions or preferences?** ☐ Yes ☐ No
 - If yes, please specify: _____
 - **Does your child have any sleep routines or nap preferences?**
 - _____
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6. AUTHORIZATIONS

☐ **Medical Consent:** In case of emergency, I authorize Tiny Lanterns Childcare staff to seek medical attention for my child.

☐ **Photo & Video Consent:** I give permission for my child's photos/videos to be used for internal documentation.

☐ **Pick-Up Authorization:** I allow the following individuals to pick up my child (if different from emergency contacts):

- **Full Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** _____

7. PARENT/GUARDIAN SIGNATURE

I confirm that the information provided is accurate and up to date.

Parent/Guardian Signature: _____

Date: // _____

✦ **Please submit this form along with any required documents (immunization records, medical notes, etc.) at the moment of the formal registration.**

Thank you for choosing **Tiny Lanterns Childcare!**