



# Family Child Care Home

by Giovana Penteadó

1619 Forest Drive Saskatoon, SK S7N 3G7

phone: (306) 242-2746 cell: (306) 717-3704

www.jiboia daycare.com

## JIBOIA DAYCARE Registration Form

Last Name:

First Name

Middle Name:

Nickname:

Birth Date:

Start Date:

NAMES OF SIBLINGS & BIRTH DATES:

1)- \_\_\_\_\_ 2)- \_\_\_\_\_

3)- \_\_\_\_\_ 4)- \_\_\_\_\_

### PARENTS OR GUARDIANS

(1) Last Name:

First Name:

Relationship to Child:

Address:

City/Province:

Postal Code:

Home Phone:

Work Phone:

Employer:

(2) Last Name:

First Name:

Relationship to Child:

Address:

City/Province:

Postal Code:

Home Phone:

Work Phone:

Employer:

### OTHER EMERGENCY CONTACT

Name:

Relationship to Child:

Home Phone:

Work Phone:



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## AUTHORIZATION FOR PICK UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone
.	.	.
.	.	.
.	.	.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

## MEDICAL INFORMATION

Doctor:	Office Phone:
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Address:
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City/Province:	Postal Code:
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Medical Ins. #:	Child's Personal ID#:
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**Allergies:**

**Medical Problems:**

**Medication:**



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**ADDITIONAL INFORMATION:** Please indicate likes/dislikes, potty training, special interests, etc.

**IMMUNIZATION:** Please include a photocopy of your child's recent immunization record with this registration form to be kept in our files. If you do not have the records, a copy can be obtained from your local health care unit.

**ADDITIONAL COMMENTS:**

### EMERGENCY CONSENT:

It is the policy of Jiboia Daycare to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF  
OF JIBOIA DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE  
BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL  
COSTS INCURRED FOR TRANSPORT.

\_\_\_\_\_

Parent/Guardian Signature

Date:

Parent/Guardian Signature

Date: