REGISTRATION FORM

Life Stars Family Child Care

PERSONAL INFORMATION

FULL NAME OF CHILD	USUAL NAME OF CHID (if different)
CHILD DATE OF BIRTH	GENDER ☐ MALE ☐ FEMAIL STARTING DATE
ADDRESS	POSTAL CODE TELEPHONE
MOTHER OR GURDIAN NAME	FATHER OR GURDIAN NAME
ADDRESS (if different from above)	ADDRSS (if different from above)
TELEPHONE EMAIL ADDRESS	TELEPHONE EMAIL ADDRESS
WORK ADDRESS	WORK ADDRESS
CELL PHONE/PAGER	CELL PHONE/PAGER

EMERGENCY HEALTH INFORMATION

CARE CARD NUMBER	
FAMILY DOCTOR/CLINIC NAME	DOCTOR/CLINIC TELEPHONE

CHILD'S IMMUNIZATION STATUS

IS YOUR CHILD UP TO DATE ON IMMUNIZATION? YES ☐ NO ☐ NOT IMMUNIZED ☐

COMMENTS

CONSENT FOR EMERGENCY CARE

I authorized the staff at the child care centre to call a medical practitioner or ambulance/ transport child to emergency medical care, in the case of accident or illness of my child, if the parent cannot immediately be reached.

Yes ☐ No ☐

HEALTH INFORMATION

REGULAR MEDICATION(S) AND REASON FOR(please list)
ALLERGIES TREATMENT OF(please list)
INJURY(S), ILLNESS(ES) OR OPERATIONS YOUR CHILD HAS HAD INCLUDE DATE(S) 1. Please describe any concern(s) / issues regarding your child's health (seizures, asthma, vision, hearing, etc.) 2. Please describe any concerns you may have regarding your child's development (Behaviour, vision, hearing, speech, language, mobility. Etc.) 3. Please any specific care instruction regarding 1) and/or2) above.
OTHER HEALTH CARE PROFESSIONAL INVOLVED IN YOUR CHILD LIFE (e.g. occupational therapist/ physical therapist)

ALTERNATE PERSONS AUTHORIZED TO PICK UP CHILD (other than parent/ guardian listed above, include emergency pickup) Check all that apply

Name	Relationship	Telephone	Authorized to Pickup	Authorized to Call in an Emergency
			☐	☐
			☐	☐

PERSONS WHO ARE NOT PERMITTED ACCESS TO MY CHILD

Name	Relationship	Telephone

SIGNATURE OF PARENT OR GURDIAN PROVIDING INFORMATION

Signature	Print Name	Date

NOTE: This information may be reviewed by Fraser Health Licensing staff as per legislation.