West Vancouver Child Development Centre
2478 Haywood Ave, West Vancouver, BC V&V 1Y1
Phone: (604) 926-7072 Fax: (604) 926-7038 Email: wvcdcdaycare@gmail.com

WVCDC REGISTRATION FORM

Child's name: _____ Sex: _____
(Last) (Initial) (First)
Birth date :_____(Day/month/year) Place of birth: _____

Mother: _____ Home telephone: _____
(Last) (First) Cell phone: _____
Address: _____
Occupation:_____ Business telephone:_____
E-mail: _____ (Please print clearly)

Father:_____ Home telephone:_____
(Last) (First) Cell phone: _____
Address:_____
Occupation: _____ Business telephone: _____
E-mail: _____ (Please print clearly)

Name of Persons Authorized to Take Child From the Centre:
(Emergency Pick up)

1. Name:_____ Daytime telephone:_____
Relationship to child:_____ Evening telephone (after 6pm):_____

2. Name:_____ Daytime telephone:_____
Relationship to child:_____ Evening telephone (after 6pm):_____

3. Name:_____ Daytime telephone:_____
Relationship to child:_____ Evening telephone (after 6pm):_____

4. Name:_____ Daytime telephone:_____
Relationship to child:_____ Evening telephone (after 6pm):_____

(Please fill out contacts in order you would like the centre to call them in.)

What Are Your Child's Eating Habits?

Favourite foods: _____
Strong dislikes: _____
Religious or ethnic observations: _____
Other comments: _____

Child Care History and Family Background:

Does your child have any experience in a group situation? Yes:___ No:___
If yes, please describe:_____
_____

Family Name: _____

Name of siblings:	Age:	Sex:	Other members of household:	Relationship to child:
1._____	_____	____	1._____	_____
2._____	_____	____	2._____	_____
3._____	_____	____	3._____	_____
4._____	_____	____		

Health & Medical Information

Date of last medical examination:_____ (Day/month/year)
Has your child any known health problems? Yes:___ No:___
If yes, please describe in detail: _____
_____
_____
(If you do not have enough room please use another piece of paper.)

Does your child have any allergies? Yes:___ No:___
If yes, please provide instructions regarding food and/or materials to avoid and procedures to follow in the event of an allergic attack: _____
_____
_____
(If you do not have enough room please use another piece of paper.)

Permission to call an ambulance if needed: _____
(parent/guardian signature)

A Little Information About Your Child:

Does he/she have any fears that we should now about? _____
Words that you use to for "going to the bathroom": _____

Is English his/her first language? Yes: ____ No:_____
If no, what language(s) does he/she speak? _____
Does your child have a basic understanding of the English language? Yes: ____ No: ____

Do you have any concerns that we should know about? Yes:____ No: _____
If yes, please explain:_____
_____