

# LEAPIN' LIZARD'S REGISTRATION FORM

Date Received: \_\_\_\_\_

Enrolment Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Male    Female

Name of Parents/Guardians:

\_\_\_\_\_  
\_\_\_\_\_

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email address(es):

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Dr.'s Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Dentists's Telephone: \_\_\_\_\_

Medical Services Plan Number: \_\_\_\_\_

Description of Child:

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Colour: \_\_\_\_\_

Eye Colour: \_\_\_\_\_

**Please supply current colour photograph of your child(ren).**

Does your child have any distinguishing features?  Yes  No

If yes, describe

\_\_\_\_\_  
\_\_\_\_\_

Persons to contact in case of emergency (OTHER than parents or guardians)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone # \_\_\_\_\_

Immunization Status:

- Complete
- Not Complete
- Not Immunized

Other Health Concerns:  Allergies? If yes, what kind?

\_\_\_\_\_

Epi-pen?  Yes  No

- Asthma?  Convulsions?  Colds?  Bronchitis?  Sore Throats?
- Urine Infections?  Hay Fever?  Bleeding Nose?  Ear Infections?
- Skin Conditions?  Other medical problems?

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Is child on any medications?  Yes  No

If yes, what?

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Has child any vision, hearing or speech concerns?

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Learning/Physical Concerns?

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Any behaviour/emotional concerns?

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Special diet?

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Other Concerns?

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Is child toilet trained?  Yes  No

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Significant changes in your child's life (i.e. death, separation, move, new sibling)?

Yes  No  If yes, what?

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Special instructions about food likes and dislikes, nap time, toilet, favourite things, fears, religious and/or cultural observances, etc.

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Is there a custody agreement or restraining order?  Yes  No (if yes a copy must be provided)

The following people are NOT authorized to have access to my child:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

The following people are AUTHORIZED to pick up my child:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

I understand that the Caregiver or Manager must report any accident or incident of a suspicious nature.  Yes

I have read and agree to the above information and will notify the Leapin Lizard's Caregiver or Manager if there are any changes.  Yes

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Signature of Parent / Guardian

Date: \_\_\_\_\_

## LEAPIN' LIZARD'S CONTRACT

- Yes, I agree to the payment of \$\_\_\_\_\_ Per \_\_\_\_\_ To be paid \_\_\_\_\_  
(Weekly, monthly, or in advance.)
  
- Yes, I understand that fees do not include breakfast, lunch, dinner, snacks, transportation, special diet, or special activities
  
- Yes, I, the undersigned, will make every effort to be prompt in bringing my child to Leapin' Lizard's at \_\_\_\_\_ a.m. and picking my child up from Leapin' Lizard's by \_\_\_\_\_ p.m.
  
- Yes, I agree that any time over and above the agreed hours of care, will be charged as overtime at the rate of \$10 per every 5 minutes.
  
- Yes, I agree that in the event of absenteeism due to illness, vacation, etc., NOT initiated by the Caregiver, I understand I am still responsible for full payment, unless otherwise arranged as noted below. \_\_\_\_\_
  
- I will not send my child to Leapin' Lizard's if they are ill and I will notify the Caregiver if my child has come in contact with a communicable disease.
  
- In the case of accident or illness I authorize facility staff to contact a physician and/or ambulance. I accept responsibility for payment of ambulance fees.
  
- In case of caregiver emergency I authorize a substitute caregiver to care for my child.
  
- I have received a copy of the Leapin' Lizard's Parent Handbook. I have read and agree to all of the policies as provided to me.

I give permission for my child to participate in:

Spontaneous walking trips with the caregiver:  Yes  No

Spontaneous car trips with the caregiver:  Yes  No

For any other spontaneous or planned field trips, a separate consent is required.

I give permission for my child's photograph to be taken and possibly used for general advertising of Leapin' Lizard's  Yes  No

Yes, by initialing I confirm receipt of the Leapin' Lizard's Refund Agreement.

It is the responsibility of both the Caregiver and the enrolled child's parents to let each another know if the child seems unhappy or that the arrangement is unsatisfactory for any reason.

This contract can be terminated by either party during the adjustment period of \_\_\_\_\_ (Days/Weeks/Etc.) After this adjustment period, termination of Daycare services requires thirty (30) days notice by either party in writing.

I am aware that ALL Child Care Facilities and registration information is open to visits from the Local Health Centre Staff such as: Licensing Officers and Public Health Nurses. These visits are for information and support.

I have read and agree to the above information and will notify the Caregiver if there are any changes.

\_\_\_\_\_  
Parent/Guardian Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Caregiver Signature  
Date: \_\_\_\_\_