



Hampton House Registration

CHILD INFORMATION			
NAME:		BIRTHDAY (DAY/MONTH/ YEAR):	AGE:
PREFERRED NAME:		SEX OF CHILD:	
ADDRESS:	CITY:	POSTAL CODE:	HOME PHONE:
ELEMENTARY SCHOOL (IF APPLICABLE):			

PARENT/GUARDIAN #1		PARENT/GUARDIAN #2	
NAME:		NAME:	
PRIMARY PHONE:	SECONDARY PHONE:	PRIMARY PHONE:	SECONDARY PHONE:
EMAIL:		EMAIL:	
OCCUPATION:		OCCUPATION:	

AUTHORIZED PICK UPS & CUSTODY AGREEMENTS		
PERSON(S) WHOM CHILD LIVES WITH:		CUSTODY AGREEMENTS (IF APPLICABLE):
PERSON(S) AUTHORIZED TO PICK UP CHILD:		
PERSON(S) UNAUTHORIZED TO ACCESS OR PICK UP CHILD (IF APPLICABLE):		
EMERGENCY CONTACT NAME:	PHONE NUMBER:	ADDRESS:



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HOUSEHOLD INFORMATION	
OTHER CHILDREN IN THE HOUSEHOLD (INCLUDING NAME, BIRTHDAY AND RELATIONSHIP)	
NOTES:	
LANGUAGES SPOKEN AT HOME:	ANY CUSTOMS OR RELIGIOUS BELIEFS WE SHOULD BE AWARE OF:

CHILD'S INTERESTS & ACTIVITIES			
WHAT OTHER TYPE OF GROUP EXPERIENCE HAS YOUR CHILD HAD?			
CHILD PREFERS TO PLAY ALONE (Y/N):	PREFERS TO PLAY WITH SIBLINGS?	PREFERS TO PLAY WITH OTHERS?	PREFERS TO PLAY WITH ADULTS?
DOES YOUR CHILD HAVE IMAGINERY PLAYMATES?		DOES YOUR CHILD HAVE ANY PETS?	
FAVOURITE INDOOR ACTIVITIES?		FAVOURITE OUTDOOR ACTIVITIES?	

GUIDANCE & BEHAVIOUR		
CHILDS BEHAVIOUR IS EASILY MANAGED (Y/N):	FAIRLY EASY TO MANAGE (Y/N):	DIFFICULT TO MANAGE (Y/N):
NOTES:		
DOES YOUR CHILD HAVE ANY FEARS?		ARE THEY EASILY ANGERED?
DOES YOUR CHILD PREFER TO BE ALONE?		ARE THEY EASILY DISCOURAGED?
NOTES:		



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GUIDANCE & BEHAVIOUR (Con.)	
WORDS, SONGS, OBJECTS OR ACTIONS TO SOOTHE OR COMFORT CHILD:	FACTORS THAT MIGHT INFLUENCE BEHAVIOUR (MOVING, DIVORCE, ETC)
NOTES:	
ANY CONCERNS ABOUT CHILD'S PRESENT BEHAVIOUR?	
NOTES:	

CHILD'S ROUTINES			
WOULD YOU LIKE YOUR CHILD TO NAP? (IF APPLICABLE):		IF YES, WHAT TIMES & LENGTH?	
DOES YOUR CHILD SLEEP IN A BED OR CRIB? (IF APPLICABLE)		IF YES, PLEASE PROVIDE ANY OTHER USEFUL INFO:	
CHILD IS TOILET TRAINED? (Y/N):	ONLY DURING DAYTIME?	IN PROCESS OF TOILET TRAINING?	NOT TOILET TRAINED?
SPECIAL INSTRUCTIONS DURING TOILET TRAINING? (IF APPLICABLE)			

HEALTH INFORMATION					
IS YOUR CHILD IMMUNIZED? PLEASE INDICATE YES OR NO. IF YES, PLEASE FILL IN THE CHART BELOW WITH DATES OR ATTACH A COPY:					
AGE	MONTHS OLD	4 MONTHS OLD	6 MONTHS OLD	12 MONTHS OLD	18 MONTHS OLD
DTaP-HB-IPV-Hib					
Pneumococcal					
MMR					
Meningococcal					
Varicella					
Rotavirus					
Influenza					
Hep A					



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CHILD'S HEALTH CONTINUED				
IS YOUR CHILD IMMUNIZED? PLEASE INDICATE YES OR NO. IF YES, PLEASE FILL IN THE CHART BELOW WITH DATES OR ATTACH A COPY:				
CHILD'S PERSONAL HEALTH CARE NO:		CHILD'S HEARING HAS BEEN TESTED?		CHILD'S VISION HAS BEEN TESTED?
PREVIOUS CHICKEN POX	RHEUMATIC FEVER?	MEASLES?	WHOOPIING COUGH?	MUMPS?
ANY KNOWN ALLERGIES? YES OR NO			ANY ANAPHYLACTIC ALLERGIES?	
NOTES:				

CHILD'S HEALTH CONTINUED	
IS YOUR CHILD ON A SPECIAL DIET?	SPECIAL FOODS?
REASON FOR SPECIAL DIET?	
DOES YOUR CHILD HAVE ANY SPEECH DIFFICULTIES?	
HAS YOUR CHILD BEEN UNDER A DOCTOR'S CARE FOR ANY PROLONGED PERIOD OF TIME? PLEASE EXPLAIN	
NOTES:	

CHILD'S DOCTOR & DENTIST	
FAMILY DOCTOR	TELEPHONE NUMBER
DOCTORS ADDRESS	
FAMILY DENTIST	TELEPHONE
DOCTORS ADDRESS	
NOTES:	



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PERMISSION FORM & PARENT AGREEMENTS

I, _____, give permission for my child, _____ to take part in the following:

PERMISSION FORM & PARENT AGREEMENTS

Please initial each space below to provide consent...	initials
<ul style="list-style-type: none"> Class photographs (Teachers take pictures within class for program purposes) 	
<ul style="list-style-type: none"> Pictures of my child to appear on Hampton House Childcare Society website or social media pages such as Facebook or Instagram (Child's name will not be used or tagged) 	
<ul style="list-style-type: none"> Occasional supervised field trips on a school bus (when applicable) 	
<ul style="list-style-type: none"> Community walks around the neighbour hood 	

EMERGENCY CONSENTS & WAIVERS

Please initial each space below to provide consent...	initials
<ul style="list-style-type: none"> I give my consent to have my child treated by a physician for medical care and to be transported to hospital by ambulance (by a medical professional) should an emergency arise. I understand that every effort will be made to contact my spouse or me before such action is taken. 	
<ul style="list-style-type: none"> In case of injury to my child while in care of Hampton House Childcare, I hereby waive all claims against the school in excess of public liability insurance (\$5,000,000) carried by Hampton House Childcare, a division of Hampton House Childcare Society. 	

EMERGENCY CONSENTS & WAIVERS

Please initial each space below to provide consent...	initials
<ul style="list-style-type: none"> I agree to submit one void cheque by the month my child starts to process an automatic withdrawal from my banking account to Hampton House Childcare and to give one full month (30 days) written notice, given before the start of the following month for withdrawal of my child from Hampton House Childcare. After the 30-day notice has been received, we will cancel all automatic withdrawals from your account. 	
<ul style="list-style-type: none"> There will be a \$25.00 charge on all returned (N.S.F.) fees. 	
<ul style="list-style-type: none"> A \$75.00 registration fee is required to ensure your child a place and is not refundable. There will be no refund on monthly fees or any portion thereof, regardless of sickness, school holidays or family vacations. 	
<ul style="list-style-type: none"> I have read and understood the policies and procedures as set forth in the Hampton House Childcare Parent Handbook. 	

Parent/Guardian Signature: _____ Date: _____



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SUNSCREEN AUTHORIZATION FORM

PROGRAM PERMISSIONS	
Please initial each space below to provide consent...	initials
<ul style="list-style-type: none"> I understand that I am responsible for applying sunscreen to my child before dropping him/her off at Hampton House Childcare. I will also provide an additional bottle of sunscreen labelled with my child's name that is kept in my child's backpack or at the center so that it is accessible throughout the day if the teachers feel the need to apply more sunscreen. 	
<ul style="list-style-type: none"> In the event that, my child does not have additional sunscreen on hand, I give permission for the staff to use the brand that belongs to Hampton House Childcare. I am not aware of any allergies that my child has to this brand of sunscreen. 	

CHILD'S NAME: _____ OTHER: _____

PARENT NAME: _____ PARENT SIGNATURE: _____

DATES: _____

DIAPER CREAM AUTHORIZATION FORM

PROGRAM PERMISSIONS	
Please initial each space below to provide consent...	initials
<ul style="list-style-type: none"> I understand that I am responsible for supplying the appropriate diaper cream suitable for my child's diapering needs and that it will be labelled with my child's name and stored with my child's belongings. 	
<ul style="list-style-type: none"> I hereby authorize the staff of Hampton House Childcare to administer the diaper cream I have supplied as per the specifications and directions on the packaging. 	
<ul style="list-style-type: none"> I understand that if no diaper cream is supplied then no cream will be applied and that I will be contacted for further instructions if a rash appears. 	

CHILD'S NAME: _____ OTHER: _____

PARENT NAME: _____ PARENT SIGNATURE: _____

DATES: _____