



# Muskoka Family Focus and Children's Place

20 Entrance Drive, Bracebridge, ON P1L 1S4

Phone: 705-645-3027 Fax: 705-645-4865 Toll Free: 1-800-461-2965

www.muskokafamilyfocus.com

mff@muskokafamilyfocus.com

## REGISTRATION FORM

Program: \_\_\_\_\_ Days of Care: ( ) M ( ) T ( ) W ( ) T ( ) F

### Child's Information

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Gender ( ) M ( ) F Birthdate: \_\_\_\_\_

Start Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Deposit: \_\_\_\_\_  
Registration Fee: \$ fill in by office

Child's School (if applicable): \_\_\_\_\_

Custody of Child: ( ) Parental Home ( ) Shared with both Parents ( ) Mother ( ) Father ( ) Guardian

In case of a separation where legal custody has not yet been determined the child will at any time be legally permitted to leave the Centre with either parent - ( ) Yes ( ) No - Please provide any applicable legal documentation.

### Emergency Contact information - other than parents

Please list those people who may pick up your child in case of emergency or illness

Last Name \_\_\_\_\_ Daytime phone # \_\_\_\_\_

First Name \_\_\_\_\_ Other phone # \_\_\_\_\_

Relation to child: \_\_\_\_\_

Last Name \_\_\_\_\_ Daytime phone # \_\_\_\_\_

First Name \_\_\_\_\_ Other phone # \_\_\_\_\_

Relation to child: \_\_\_\_\_

Last Name \_\_\_\_\_ Daytime phone # \_\_\_\_\_

First Name \_\_\_\_\_ Other phone # \_\_\_\_\_

Relation to child: \_\_\_\_\_

### Parents Information

Mothers Last Name: \_\_\_\_\_ Mothers First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fathers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_



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## Medical Information

Dr.'s Name: \_\_\_\_\_

Dr.'s Phone #: \_\_\_\_\_

Dr.'s Address: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For After School Programs - does your child currently work with an EA ( ) Y ( ) N ( ) May in Future

## Information about your child (FOR DAYCARE CHILDREN ONLY - not for After School)

Has your child ever attended another preschool program? ( ) Y ( ) N. Which program? \_\_\_\_\_

Has your child been cared for anyone other than parents? ( ) Y ( ) N. By Whom? \_\_\_\_\_

Are there any languages, other than English, at home? ( ) Y ( ) N. If yes, please identify key words your child might use. If possible, please provide the phonetic spelling of these words to facilitate staff's use of them.

Child's Siblings: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Other Important members of your household: \_\_\_\_\_

Child's Friends: \_\_\_\_\_

Special Toys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favourite Activities: \_\_\_\_\_

Any Food Dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child toilet trained: ( ) Y ( ) N If no, have you noticed signs of readiness? Please provide a couple of examples:

\_\_\_\_\_



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## Information about your child (FOR DAYCARE CHILDREN ONLY - not for After School)

What is your child's general temperament? (ie., quiet & reserved, outgoing, active)

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Describe past and present fears of your child: \_\_\_\_\_

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How do you help settle your child when upset? \_\_\_\_\_

Does your child have any sensitivities? Please specify? \_\_\_\_\_

Describe how your child relates to adults: \_\_\_\_\_

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Describe how your child relates to other children: \_\_\_\_\_

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Friendships: Does your child know anyone already enrolled at this centre? \_\_\_\_\_

Who does your child play with the most: \_\_\_\_\_

What are some of your child's strengths?: \_\_\_\_\_

Is there any other info about your child's social skills you would like to share? \_\_\_\_\_

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How do you feel your child will benefit from his/her experience at our Centre? \_\_\_\_\_

---

Do you have any areas of concern about your child? \_\_\_\_\_

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Daily Schedule: What is your child's daily schedule?

Does your child nap? ( ) Y ( ) N If yes, please specify approximate nap schedule and average length of nap:

---

Does your child have a specific bedtime? ( ) Y ( ) N How long does your child sleep at night? \_\_\_\_\_

What is the quality of your child's sleep? \_\_\_\_\_

Community Agencies: Do you feel your child has any special needs? ( ) Y ( ) N, if so please describe:

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Is your child currently involved with any agency? ( ) Y ( ) N, if so which one(s): \_\_\_\_\_



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## Information about your child (FOR DAYCARE CHILDREN ONLY - not for After School) cont'd.....

Please provide a brief description of the nature of involvement, length of involvement, and any programming recommendations: \_\_\_\_\_

Do you consent to our agency contacting the community agencies that are or have been involved with your child? ( ) Y ( ) N Please sign here to acknowledge your consent: \_\_\_\_\_

Are there any goals you are currently working on with your child? ( ) Y ( ) N \_\_\_\_\_

This space is provided for anything you would like to tell us about your child and his/her family: E.g. likes to run away; likes to open doors to outside; pulls his socks off.

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

## Medical History (FOR DAYCARE ONLY - AFTER SCHOOL PLEASE SEE LAST PAGE)

Approximate dates of the following illnesses:

Chicken Pox: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_

Red Measles \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_

Mumps \_\_\_\_\_

Pneumonia: \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Bronchitis: \_\_\_\_\_

Rubella \_\_\_\_\_

Others: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_  
*reasons and dates*

Accidents: \_\_\_\_\_  
*nature and dates*

Describe your child's reaction to illness: \_\_\_\_\_

Does your child wear corrective footwear, glasses, hearing aid, or other? \_\_\_\_\_

What is your alternative back up plan when your child is ill? \_\_\_\_\_

Parent's evaluation of child's health: \_\_\_\_\_



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## Parental Agreement



**Parents, please provide us with your child's immunization record. Your child cannot start care without it. A copy will be forwarded to the Muskoka Parry Sound Health Unit and one copy will be kept on file at the centre/Administration Office.**

I understand that children may occasionally be filmed or photographed as a group during their regular daily activities. Any films or pictures taken will only be used either for educational purposes or for promoting the Centre's program.

For After School Programs only: My child has permission to walk unattended from classroom to the program room after school at \_\_\_\_\_.

Children enrolled will be involved in a variety of activities outside the day care centre. These activities may include trips to playgrounds, libraries, parks etc. Other than neighbourhood walks, you will be informed of special outings and your written permission will be requested.

It is understood that the children will frequently participate in walks around the neighbourhood of the day care centre. A neighbourhood map is available upon request. The Educators will supervise the children appropriately.

**It is important that the office be notified immediately of any changes of information given on these forms. Also, you are urged to feel free to discuss matters concerning your child with the staff at any time.**

**Please note: The day care staff will use the most appropriate method of transportation in an emergency.**

We strive for a quality program that is safe and fun with age appropriate activities for your child. In doing so, we need to have rules in place that are agreed upon by all parties. A certain level of behaviour is expected from the participants to make it a rewarding experience for children attending.

It is expected that parents/guardians will be free from the influence of alcohol or drugs that may put children in their care at risk when they drop off, or pick up child(ren) from a program operated by Muskoka Family Focus and Children's Place.

### Rules of the Program:

1. Safe behaviour will be expected at all times.
2. Children will interact in a positive and courteous manner.
3. Respect for each other and our equipment will be expected.

If a child has repeated difficulty in working co-operatively at our Program, this will be the course of action:

1. The child will be removed from the situation and work on problem-solving the issue with support from Educator.
2. The parents will be notified concerning the incident and be asked to work together with the child and Educator to solve the issue.
3. Guidance from an outside agency will be explored (ie: Community Living South Muskoka)
4. As a last resort, if inappropriate or unacceptable behaviour continues, the child may be asked to leave the Program.

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

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Supervisor/Manager

