

# The Beacon Learning Centre Registration Package: Form 2

## Personal Information (Please Print)

Child's **Last** Name: \_\_\_\_\_

Child's **First** Name: \_\_\_\_\_

Sex:                     Male  Female

Date of Birth (dd/mm/yy): \_\_\_\_\_

OHIP Card # (Optional): \_\_\_\_\_

Home Address/Postal Code: \_\_\_\_\_

Home Telephone Number (if applicable): \_\_\_\_\_

**Parent's Full Name:** \_\_\_\_\_

Home Address/Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Preferred email Address: \_\_\_\_\_

**Parent's Full Name:** \_\_\_\_\_

Home Address/Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Preferred e-mail Address: \_\_\_\_\_

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Name to whom Income Tax Receipt should be issued

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Do you have any special skills or talents you wish to share with us?

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How did you find out about our program?

- Word of mouth
- Website
- Facebook
- Centralized Wait List
- Other

### About Your Child

The following information helps us to better understand your child.

Does your child have a nickname?  Yes  No

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Mother tongue?  English  French  Other \_\_\_\_\_

Language used at home?  English  French  Other \_\_\_\_\_

Has your child previously attended a childcare centre, home daycare, nursery school, playgroup or other program?  Yes  No

If yes, where and how long?

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Your child's reaction?

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Does your child separate easily from you?  Yes  No

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Names of brothers and sisters, age(s): \_\_\_\_\_

\_\_\_\_\_

How does he/she relate to siblings and peers?

\_\_\_\_\_

Does your child spend time with other children?  Yes  No

Please comment \_\_\_\_\_

In play, is he/she the  Leader  Follower

At home, is your child's play mostly self-initiated?  Yes  No

Methods of self-protection?

Talking \_\_\_\_\_

Hitting \_\_\_\_\_

Biting \_\_\_\_\_

Pinching \_\_\_\_\_

Pushing \_\_\_\_\_

How does your child show feelings?

Affection \_\_\_\_\_

Fear \_\_\_\_\_

Frustration \_\_\_\_\_

Excitement \_\_\_\_\_

Anger \_\_\_\_\_

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When your child is upset how do you usually comfort him/her?

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Are there any circumstances at home that may affect your child (i.e. premature birth, adoption, special needs sibling, divorce, death, etc.)?

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If parents are no longer living together, do they have joint custody?  Yes  No

**It is understood that if parents have joint custody, the parent who has the child on a given evening has the right to send an alternate adult to pick up the child provided that person shows photo ID and that the office is notified before his/her arrival.**

If not, which parent has sole custody?

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Are parents away frequently?  Yes  No

Who is left in charge?

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Will your child stay happily with a sitter?  Yes  No

Reactions?

Does your child have special fears we should know about?  Yes  No

What activities does your child enjoy?

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What activities does your child dislike?

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What is your child's preferred hand?  Right  Left  Ambidextrous

What do you as a parent feel is most important for your child to experience at the BLC?

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## Food

Describe your child's appetite

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Please indicate foods your child dislikes

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Does your child feed him/herself?     Yes     No

## Toileting

Is your child in diapers?     Yes     No

Has training begun?     Yes     No

If so, elaborate on where in the process your child is:

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Does your child use a regular toilet or potty?     Toilet     Potty

How does your child indicate that he/she needs to use the toilet?  
(i.e. any special phrases that we should know about)

## Health and Development:

Do you have any concerns about your child's development at this time?  
(Such as speech, fine motor, gross motor, cognitively, socially)

Please elaborate: \_\_\_\_\_  
\_\_\_\_\_

Are there any identified special needs?

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## Allergies and Medications:

Does your child have any allergies?     Yes     No

Please elaborate and indicate symptoms and treatment required:

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Is your child on any regular medication?     Yes     No

If yes, please identify medication and reason for use (please note we cannot give a child any medication, unless prescribed by a doctor and given to us in writing):

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