

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: _____

The Beacon Learning Centre Registration Package: Form 2

Name to whom Income Tax Receipt should be issued

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

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

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?

Your child's reaction?

Does your child separate easily from you? Yes No

Names of brothers and sisters, age(s): _____

The Beacon Learning Centre Registration Package: Form 2

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 _____

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

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

The Beacon Learning Centre Registration Package: Form 2

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?

Are parents away frequently? Yes No

Who is left in charge?

Will your child stay happily with a sitter? Yes No

Reactions?

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

Please comment:

What activities does your child enjoy?

What activities does your child dislike?

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?

The Beacon Learning Centre Registration Package: Form 2

Food

Describe your child's appetite

Please indicate foods your child dislikes

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:

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)

Sleep

Describe your child's sleep routine (bedtime, wake-up time, naps, length of nap):

How do you usually settle your child for sleep?

Does your child have a favourite toy, blanket, or soother?

Are these used mostly at sleep times or are they desired throughout the day?

The Beacon Learning Centre Registration Package: Form 2

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?

Allergies and Medications:

Does your child have any allergies? Yes No

Please elaborate and indicate symptoms and treatment required:

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):
