



**Rural Frontenac  
Community Services**

***Day Care  
Infant Registration Booklet***

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

**Admission Date:** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_

### **Emergency Data Form**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Telephone, if different from above: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

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

Doctor's Address: \_\_\_\_\_

Emergency Contact Person – **Must be local resident:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Pick up Persons: \_\_\_\_\_

\_\_\_\_\_

Other Pertinent Information (i.e. allergies, etc.): \_\_\_\_\_

### Day Care Infant Intake

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

Child's Nickname – if applicable: \_\_\_\_\_

Gender:  Male  Female

Birthdate (D/M/Y): \_\_\_\_\_

Age: \_\_\_\_\_

#### Parent/Guardian Information

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

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

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

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

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

By providing my email, I agree to receive emails from Rural Frontenac Community Services about their programs and the organization.

#### Emergency Contact

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child Resides With:  Mother  Father  Guardian

First Language: \_\_\_\_\_

Second Language: \_\_\_\_\_

#### Authorized Persons Who May Pick up Your Child:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

### **Intake Questionnaire – Infant**

1. Does your child have allergies?  No  Yes (if yes, please list below)

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2. Was your child born prematurely?  No  Yes (if yes, by how many months?)

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3. Has your child had any illnesses or hospitalizations since birth?  No  Yes

If yes, why and at what age did it occur? \_\_\_\_\_

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4. How many adults participate in your child's care on a typical day? \_\_\_\_\_

Who are these adults? \_\_\_\_\_

### **Feeding**

1. Does your child have feeding problems?  No  Yes (if yes, please describe below)

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2. Is your child sensitive to any foods?  No  Yes (if yes, please list)

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3. Does your child have a good appetite and show interest in food?  No  Yes (please explain)

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4. What foods are you encouraging at this time?

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5. What are your child's favourite foods?

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6. What foods does your child dislike?

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7. What foods is your child eating now?

Fruit: \_\_\_\_\_

Vegetables: \_\_\_\_\_

Cereal: \_\_\_\_\_

Juices: \_\_\_\_\_

Meats: \_\_\_\_\_

Milk (formula): \_\_\_\_\_

8. Is food solid, mashed, or pureed? \_\_\_\_\_

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9. Does your child eat finger foods, such as apple, orange slices, cheese cubes, crackers, etc.? \_\_\_\_\_  
\_\_\_\_\_
10. Does your child eat with fingers, spoon, or spoon fed by adults? \_\_\_\_\_  
\_\_\_\_\_
11. Is your child in your arms (in your lap) or in a separate chair during feeding? \_\_\_\_\_  
\_\_\_\_\_
12. Is/was your child breast feeding/fed? \_\_\_\_\_  
\_\_\_\_\_
13. What is your child's bottle schedule? \_\_\_\_\_  
\_\_\_\_\_
14. Can your child hold his/her own bottle? \_\_\_\_\_  
\_\_\_\_\_

***Sleeping Routine***

1. Has your child shown any sleeping problems?  No  Yes (if yes, please describe)  
\_\_\_\_\_
2. What is your child's daily sleeping schedule? \_\_\_\_\_  
a.m.: \_\_\_\_\_  
p.m.: \_\_\_\_\_
3. Do you have special ways of helping your child sleep?  
 Blanket  Rocking  Soother Other: \_\_\_\_\_
4. Does your child cry when he/she goes to sleep?  No  Yes
5. Does your child cry when he/she wakes up?  No  Yes
6. Does your child sleep in his/her own bed?  No  Yes
7. Does your child sleep in his/her own room?  No  Yes

***General Information***

1. Does your child get upset in the presence of strangers?  No  Yes
2. What are some specific things that frighten your child? \_\_\_\_\_  
\_\_\_\_\_
3. How do you settle your child when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_



### ***Enrolment Agreement***

I consent to the enrolment of my child in Rural Frontenac Community Services Day Care, and have been advised of the policies regarding fees, and the services provided by the facility.

I give consent for my child to take part in short walking excursions under proper supervision.

I agree that in case of accident or injury, emergency medical care may be given in the event that I or the person(s) designated cannot be reached.

I will provide special information to assist the facility in caring for my child (e.g. changes in daily routines, etc.).

I have advised the Day Care Supervisor of any medical issues that may affect my child's participation in the program.

I have read and completed all of the information on the admission form.

\_\_\_\_\_  
**Name of Legally Responsible Parent/Guardian (Print)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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#### **For Office Use Only**

Date of Interview: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Interviewed by: \_\_\_\_\_