



Welcome to Teddy Bear Friends Childcare

We're delighted that you're considering joining Teddy Bear friends Childcare. With over 18 years of experience nurturing young children in a safe, loving, and enriching environment, we're excited to continue that tradition with our group childcare program for infants and toddlers.

To begin the registration process, families are asked to complete two important documents:

- Registration Form
- Parent-Caregiver Agreement

These forms help us get to know your child and ensure we meet all licensing and safety requirements. Please provide accurate information for all parent contacts and authorized pick-up persons, including at least one emergency contact who is not a parent. Children cannot be accepted into care until all registration documents are completed, signed and submitted.



TEDDY BEAR FRIENDS CHILDCARE Registration Form

Full Name of Child: _____

Usual name of child (if Different): _____

Child's date of birth: _____ Gender: _____

Address: _____

Childcare start date: _____

Parent Personal Information

Parent or Guardian: _____

Address (if different from above): _____

Home Number: _____ Cell Number: _____

Email: _____

Occupation and Employer name: _____

Work Address: _____

Work Number: _____ Hours at this location: _____

Parent or Guardian: _____

Address (if different from above): _____

Home Number: _____ Cell Number: _____

Email: _____

Occupation and Employer name: _____

Work Address: _____

Work Number: _____ Hours at this location: _____



Emergency Health Information

Care Card Number: _____

Family Doctor/Clinic: _____ Phone Number: _____

Address: _____

Consent for Emergency Care

I hereby give consent to Teddy Bear Family Child Care to take my child to the closest emergency facility when I cannot be reached.

I also hereby give consent to Teddy Bear Family Child Care to call a medical practitioner or ambulance if necessary, in case of accident or illness.

Signature of Parent: _____ Date: _____

Manager of Teddy Bear Child Care: _____

Person(s) Authorized to Pick UP Child (other than parent)

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Alternate Person(s) to call and pick up child in case of emergency

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____



Person(s) NOT Authorized to Pick UP Child

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Is there a custody agreement/order in effect: Yes NO If yes, please attach a copy.

Child's Immunization status

Is your child up to date on immunizations? YES NO

Please record dates (year/month/date) or attach a copy of immunization:

	2 Months	4 Months	6 Months	12 Months	18 Months	4-6 years
Diphtheria						
Pertussis						
Tetanus						
Poliomyelitis						
HIB (meningitis)						
MMR (measles/Mumps/Rubella)						

Health Information (please attach a separate sheet if needed)

Regular medication(s) and reasons for (please list):

Allergies and treatment of (please list):

Injuries, illness or operations your child has had and include date(s):

a) Please describe any concern/issues regarding your child's health (seizures, asthma, vision, hearing, etc.)



- b) Please describe any concern you may have regarding your child's development (i.e., behavior, vision, hearing, speech, language, mobility, etc.)

- c) Describe any specific care instruction regarding a) and/or b):

Other health care professionals involved in your child's life, occupational therapist/physical therapist:

Group Experience

What is your child's favorite toy(s)/activities:

Has your child had previous playgroup experience? Yes No

If yes, how did he/she adapt

How does your child behave toward other children (e.g., seeks others out, feel shy):

Emotional

How does your child react when left with unfamiliar people and/or in unfamiliar situations?

Does your child have fears? Please describe:

What suggestions do you have that would help me make your child's transition into this program easier?

Family and general household information

Please list the names of the significant people in your child's life (e.g., Siblings, grandparents, etc):



Please describe the guidance and discipline method used at home:

Primary language spoken in the home:

Name of English-speaking person (if needed): Phone:

ANY OTHER COMMENTS

Signature of parent or Guardian providing information

Print Name: _____

Signature: _____ Date: _____

NOTE: This information may be reviewed by Fraser Health Authority Licensing staff as per legislation.

Facility Use Only

Review by: _____

Signature: _____

Date: _____

Child's withdrawal date: _____

Reason for withdrawal: _____