

REGISTRATION INFORMATION

ALEPH-BET CHILD LIFE ENRICHMENT PROGRAM INC.

-A beneficiary of the Jewish Federation of Winnipeg/Combined Jewish Appeal-

The information requested concerning your child on this registration form is to help the daycare centre staff become acquainted with your child. All information pertaining to children and families is held in the strictest of confidence.

All fields of the form must be completed. Incomplete forms will be returned to the parent or guardian and may result in a delay in your child's attendance.

Has your child had previous experience in a child care setting? If yes, please provide details (type of child care setting, length of care, was it a positive experience for you and your child and why, etc.).

Please provide any information regarding your family that you feel may assist staff in caring for your child (eg. siblings, languages spoken in the home, two parent/single parent family, custody/living arrangements, extended/step family, foster family, etc.).

Does your child have any developmental needs or medical conditions (social, emotional, physical, etc.)? If yes, please provide details of your child's needs, how you and your family have assisted your child in the home and/or previous school/child care settings.

Does your child have any behavioural issues? If yes, please provide details of the behavioural issue and how you and your family have assisted your child.

Has your child received support for a developmental need, medical condition or behavioural issue (e.g. therapists, developmental councilors, behaviouralists, etc.)? If yes, please provide details.

In general how does your child react to stressful situations? Please provide specific information. _____

How does your child relate to other children? To adults? Please provide details. _____

Please describe any concerns you may have regarding your child's adjustment to the daycare program. _____

Does your child eat without assistance? YES NO

Does your child enjoy eating? YES NO

Do you have any concerns about you child's eating habits? YES NO

If yes, please specify your concerns. _____

Is your child toilet trained for urine? YES NO

Is your child toilet trained for bowels? YES NO

What words do you use with your child for toileting? _____

Does your child nap? YES NO

If yes, how long? _____

Does your child sleep well? YES NO

RELEASE FORMS

Child's Name: _____

1) I/We have read and understand the Parent Policy Package provided to me by Aleph-Bet Child Life Enrichment Program Inc. and agree to abide by the policies as written.

2) **I/We grant permission** for my child to take part in daily outings organized by Aleph-Bet Child Life Enrichment Program Inc. I understand that if I do not want my child to participate in these outings and alternative arrangements cannot be made to remain in the centre it will be my responsibility to arrange alternate care. I further understand that transportation will be by walking, transit bus or school bus.

3) **I/We grant permission** for photographs or video to be made that may or may not include pictures of my child. Photographs or videos will only be used as part of the program. These pictures may be distributed in the centre, to children who are leaving in "good-bye albums", or may be used for promotion or advertising of Aleph-Bet Child Life Enrichment Program Inc.

4) **I/We grant permission** for photographs or videos to be made that may or may not include images of my child to be posted on the Aleph-Bet Child Life Enrichment Program Inc. official website www.alephbetdaycare.ca.

5) **I/We grant permission** for my child's name to be posted on artwork, letters sent home, lists for invitations/cards to be sent home, and around the centre.

Signature Parent/Guardian #1

Signature Parent/Guardian #2

Date _____

Parent Comments:

Please return all forms to the Director/Assistant Director prior to enrollment.