



**Select the classes you are registering for:**

- ½ Day Options:  
 Tues/Thurs AM (8:30am to 12:00pm)  
 Tues/Thurs PM (12:30pm to 4:00pm)  
 FULL Day Options:  
 Monday  Tuesday  Wednesday  
 Thursday  Friday  
 (8:00am to 4:00pm)

NAME OF CHILD: \_\_\_\_\_  
(Surname) (Given Names) (Also Known As)

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Person(s) with whom the child lives (adult and children): \_\_\_\_\_

Start Date (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Pronoun: \_\_\_\_\_ Birth Date (MM/DD/YEAR): \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

(1) Name: \_\_\_\_\_ Title (Dad, Mimi): \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is your occupation or any special skills: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title (Pops, Mom): \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is your occupation or any special skills: \_\_\_\_\_

**Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (mother/father/guardian are always first and second contact person in an emergency):**

3) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

5) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If appropriate, please list an out of town contact incase of emergency:**

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

**Has the child previously attended daycare/preschool?**

YES  NO  Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please feel free to add additional pages.):**

Has your child ever been stung by a bee and was there a reaction? \_\_\_\_\_

Potty Trained  YES  NO (special words): \_\_\_\_\_

Fears: \_\_\_\_\_

**Please tell us anything else you think will help us provide an enriching experience for your child:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PAYMENT AGREEMENT

I will submit 10 post dated cheques payable to MishMash, dated for the 20th of each month starting Aug. 20

I will send an email transfer to [mishkids@shaw.ca](mailto:mishkids@shaw.ca) password: *playandlearn* due on the 20<sup>th</sup> of each month

## HEALTH INFORMATION

Health professionals involved with your child:

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____

**Does your child have:**

Any medical conditions/concern? YES  NO

If yes, please provide further information: \_\_\_\_\_

Allergies? YES  NO

If yes, please provide further information: \_\_\_\_\_

Asthma? YES  NO

If yes, please provide further information: \_\_\_\_\_

Has your child had a seizure? YES  NO

If yes, please provide further information: \_\_\_\_\_

Food Sensitivities or food restrictions? YES  NO

If yes, please provide further information: \_\_\_\_\_

Does your child receive assistance? (Speech, occupational, or behavioral therapist) YES  NO

If yes, please provide further information: \_\_\_\_\_

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

**List all prescription and "over the counter" medications your child receives:**

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

Custody Agreement YES  N/A  Provided to Facility YES  NO  N/A

Immunization is up to date? YES  NO

Please provide a copy of immunizations records to the facility. Your health unit can email them to [mishkids@shaw.ca](mailto:mishkids@shaw.ca).

**I have chosen not to immunize (Please complete the Immunization Exemption Form)**

Information provided is correct and to the best of my knowledge. If there are any changes to the information I have provided it is my responsibility to report, change and notify MishMash immediately. With signing this form, you are also authorizing MishMash to share information with Sea to Sky Community Services and Squamish School board #48 for a successful transition into school.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Office Use Only:**

Date Child Leaves the Facility:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY