



Additional Child Information Sheet

You (the undersigned) have read the Blooming Babies Child Care Agreement and understand all the information, policies and procedures outlined in it;

By signing this agreement you consent to all the policies and procedures of Blooming Babies Child Care and agree to them, including participation in daily outings, reading the "Daily Report", consulting the Weekly Menu, providing in a timely manner items requested by us in the "Daily Report" as described in the agreement. By signing this agreement you acknowledge that the information supplied in ALL forms regarding your child(ren) and the information supplied below is true and accurate to the best of your knowledge. You agree to be held responsible in conformity with all the rules and policies of Blooming Babies Child Care agreement for each child(ren) you have in our care included but not limited to those you mentioned in this agreement; for any child, children, beneficiary, beneficiaries, younger sibling that you the parent(s)/legal guardian(s), in any form including but not limited to written, e-mail, verbal, transfer of responsibilities, at any time and any place **asked us** to provide full time or/and par time child care services for.

By signing this agreement you also consent to pictures and movies being taken of your child(ren) for the childcare photo album/web site.

Child's First Name: _____ Last Name: _____
 Date of Birth: yyyy MM DD Child Care Services Starting Date: yyyy MM DD

Present in childcare AM: _____ Present in childcare PM: _____

Type of Services Required Full Time: Part Time: Before & After School: Walk-In:

Part Time Days required: _____ AM: PM:

Address: _____ City: _____

Postal Code: Province: Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's E-mail: _____ Father's E-mail: _____

Mother's Mobile Phone: _____ Father's Mobile Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Emergency Contact Name	Phone Number	Relation to child
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Health Information

Immunization information: Do you have all vaccines up to date? Yes No

Please provide us with a copy of your child’s immunization Record (This information is very useful when we communicate with the hospitals and the Health Unit in case of an emergency).

Child’s Health Card Nr.:

Family Dr. Name:

Family Dr. Phone:

Ext:

Fax:

Allergies Is your child allergic? Yes No (If “YES” please also fill in and sign “Allergy Protocol”)

Food/Drug Allergy:

Special instructions for allergic reactions:

Please check communicable diseases your child has had:

Chicken Pox

Measles

German Measles

Mumps

Whooping Cough

Other:

Please check ailments your child is prone to:

Stomach upsets

Colds

Ear Infections

Sore Throats

Headaches

Other:

Habits and Routines

Uses Utensils

Sipper Cup

Regular Cup

High Chair

Table

Bottle

Other:

Food your child really dislikes:

Favorite food:

Resting/napping habits:

Potty Trained

Yes

No

Custody

Both Parents

Mother

Father

Other

Legal guardian Pick-Up:



Blooming Babies

483 Belvedere Pl
London, N6K 2G2, ON

Contract Nr.:

www.bloomingbabies.ca
contactus@blomingbabies.ca
Tel.: 226-785-1625

Special custody orders according to the Court:

List the individuals allowed to pick-up your child:

First and Last Name

Driving License Nr.

Date of Birth

Parent/Guardian

Blooming Babies Child Care

Print Name _____

Print Name _____

Signature _____

Signature _____

Date: ____/____/____ (YYYY, MM, DD)

Date: ____/____/____ (YYYY, MM, DD)

Parent/Guardian

Print Name _____

Signature _____

Date: ____/____/____ (YYYY, MM, DD)