



Signature

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

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 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 center photo album/web site.

This Agreement includes additional children: Yes ___ No ___

Child's First Name: _____ Child's Last Name: _____ Date of Birth: _____

Child Care Services Starting Date: _____ Extended Hours: Yes ___ No ___

Type of Services Required: _____ Address: _____

City: _____ Province: _____ Phone: _____

Mother

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Work place: _____ Phone: _____

Father

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Work place: _____ Phone: _____

Emergency contacts

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____



Health Information

Immunization information: Do you have all vaccines up to date?

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__

Food/Drug Allergy: _____

Special instructions for allergic reactions: _____

Please check communicable diseases your child has had: _____

Chickenpox__ Measles__ German__ Measles__ Mumps__ Whooping cough__ Other _____

Please check ailments your child is prone to: _____

Stomach upsets__ Colds__ Ear infections__ Soar throat__ Headache__ Other _____

Habits and Routines

Uses utensil__ 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: _____

Special custody orders according to the Court: _____



List the individuals allowed to pick-up your child:

Name _____ Driving license/ ID _____

Name _____ Driving license/ ID _____

Name _____ Driving license/ ID _____

Name _____ Driving license/ ID _____

Parent/Guardian
 Print Name _____

Blooming Babies Child Care
 Print Name _____

Signature _____

Signature _____

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

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

Parent/Guardian
 Print Name _____

Signature _____

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