



# DAYCARE REGISTRATION FORM - A

Silver Crescent Academy Children Center  
 3845 Joseph Howe Drive, Suite LL2A, Halifax, NS, B3L 4H9  
 Tel: (902) 407-4027 Fax: (902) 407-4028 Email: admin@SilverCrescentAcademy.ca

**Please provide the following with this application: Copy of Birth Certificate, Immunization Record, \$100 non-refundable application fee per family**

## Child Information

Last Name:	First Name:	Middle Name:
Preferred Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy):	Proof of date of birth (Must be presented at the office) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers	
Address (street, apt):		
City:	Province:	Postal Code:
Phone:	Cell Phone:	Email:

## Parent/Guardian Information

Mother/Guardian 1	Father/Guardian 2
Name (First/Last):	Name (First/Last):
Relationship:	Relationship:
Address (if different from child):	Address (if different from child):
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized to Pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to Pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Custody Arrangements

Are there any special custody arrangements requested for this child?  Yes  No

Description/details:

## Emergency Contacts

Emergency Contacts	
Emergency Contact 1	Emergency Contact 2
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Relation to Child:	Relation to Child:
Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact 3	Emergency Contact 4
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Relation to Child:	Relation to Child:
Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized to Pick Up	
Contact 1 (If different than above)	Contact 2 (If different than above)
If different than above	If different than above
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Relation to Child:	Relation to Child:
Contact 3 (If different than above)	Contact 4 (If different than above)
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Relation to Child:	Relation to Child:

Parent/Guardian  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Child Medical Information

MSI Health Card #:

Health Card Expiry Date(dd/mm/yyyy):

If other,  
Name:

Cert#:

Contract#:

Family Physician Name:

Phone:

Family Physician Address:

Does your child have any potential, life-threatening medical conditions?  Yes  No

If **YES**, please check one or more of the following:

Allergies (Severe Allergic Reaction)

Anxiety/Depression

Asthma

Diabetes

Epilepsy/Seizure

Heart Condition

Flight Risk (due to diagnosed medical condition)

Other potential, allergies or life-threatening medical condition, **If YES** please specify:

Does your child have any special needs?  Yes  No

If **YES**, please explain:

## ★ How did you know about Silver Crescent Academy?

Web  Social Media  Email  Referral by (Specify):

## Office Use Only

Date received:

Date Admitted:

Date Attended:

Date Reg. Fee received

Program:

Class:

Notes:

Withdrawal Date:

Reason for withdrawal:

# IMMUNIZATION RECORD

**Child Name:** \_\_\_\_\_

**Date of Birth(dd/mm/yyyy):** \_\_\_\_\_

Age	Vaccine	Date (dd/mm/yyyy)
2 months	DaPTP #1 & Hib (Pentacel)	
	Pneumococcal conjugate (Pevnar)	
4 months	Pentacel #2	
	Pevnar #2	
6 months	Pentacel #3	
	Pevnar #3	
12 months	MMR	
	Varicella	
	Menjugate	
18 months	Pentacel #4	
	Pevnar #4	
4-6 years	Quadracel	
	MMR	
	Varicella	

**Parent Name:** \_\_\_\_\_

**Parent/Guardian  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_