

- INFANT TODDLER PRE-SCHOOL
 SCHOOL AGE JK SK
 NURSERY SCHOOL
 OTHER _____

START DATE M / D / Y	DISCHARGE DATE M / D / Y	<input type="checkbox"/> FULL TIME
		<input type="checkbox"/> PART TIME

CHILD'S NAME		BIRTH DATE M / D / Y	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS			
			PROV.
			POSTAL CODE

PARENT(S) / LEGAL GUARDIAN(S)	<input type="checkbox"/> FATHER <input type="checkbox"/> STEP FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> PARTNER		<input type="checkbox"/> MOTHER <input type="checkbox"/> STEP MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> PARTNER	
	NAME		NAME	
	ADDRESS		ADDRESS	
	HOME PHONE NO.	WORK PHONE NO.	HOME PHONE NO.	WORK PHONE NO.
	BUSINESS NAME & ADDRESS		BUSINESS NAME & ADDRESS	
		OCCUPATION		OCCUPATION

HOUSEHOLD	* BROTHERS AND SISTERS - NAME(S)		AGE		AGE	
	1.			4.		
	2.			5.		
	3.			6.		
	IF LEGAL GUARDIAN, RELATIONSHIP TO CHILD			IF LEGAL GUARDIAN, RELATIONSHIP TO CHILD		
	SPECIAL FAMILY CIRCUMSTANCES					

EMERGENCY CONTACT(S) (other than parent)	NAME	ADDRESS	RELATIONSHIP	PHONE NO. 1	PHONE NO. 2
	1.				
	2.				
	3.				
CONTACTS	AUTHORIZED PEOPLE TO PICK UP CHILD		RELATIONSHIP	PHONE NO. 1	PHONE NO. 2
	NAME				
	NAME				
	NAME				
	NAME				
	NAME				
PARENT / LEGAL GUARDIAN SIGNATURE			PARENT / LEGAL GUARDIAN SIGNATURE		

HEALTH HISTORY	DOCTOR'S NAME & ADDRESS				
	PHONE NO.	HEALTH CARD NO.		NAME ON HEALTH CARD	
	ALLERGIES (FOOD, MEDICATION / ENVIRONMENT)		REACTION		
	1.		REACTION		
	2.		REACTION		
	3.		REACTION		
	4.		REACTION		
	HEALTH PROBLEMS				
	MEDICATIONS				
	1.	2.			
IMMUNIZATION RECORD ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "NO", THE RECORD MUST BE SUBMITTED PRIOR TO THE CHILD ATTENDING THE PROGRAM	IS THERE ANY REASON TO BE EXEMPT FROM IMMUNIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", THEN AN EXEMPTION FORM MUST BE COMPLETED AND ATTACHED.	
PREVIOUS COMMUNICABLE DISEASES (RED MEASLES, MUMPS, GERMAN MEASLES, ETC.)					
1.	YEAR:	4.	YEAR:		
2.	YEAR:	5.	YEAR:		
3.	YEAR:	6.	YEAR:		
SPECIAL CONDITIONS	SPECIAL DIET: (EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	SPECIAL CONDITION: (e.g. SEIZURES, BEE STINGS, DIABETES, BLEEDING DISORDERS, OTHER). PLEASE EXPLAIN				
	MEDICATIONS OR TREATMENTS REQUIRED: (GIVE PARTICULARS) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	SPECIAL REQUIREMENT: (REST OR EXERCISE) (EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DOES YOUR CHILD HAVE SPECIAL NEEDS? (EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO				
ILL HEALTH		INITIALS	DATE	SYMPTOMS	PERSON CONTACTED
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

EMERGENCIES:

I hereby grant permission for the Program Staff of the Child Care Program to take whatever steps necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any costs incurred.

ARRIVAL:

I understand that I am responsible to deliver and announce my child upon arrival to the Child Care Program.

FIELD TRIPS / TRANSPORTATION / OUTINGS:

I hereby grant permission for my child to leave the licensed premises under the supervision of a staff member for field trips, community walks, etc. I understand that dated, time-limited specific consent forms will be issued for each field trip.

EQUIPMENT & ACTIVITIES:

I hereby grant permission for my child to use the play equipment and participate in all of the activities of the Child Care Program.

THIS AUTHORIZATION:

I understand that by signing this document, I/we acknowledge and comprehend the above.

POLICIES:

I, the undersigned have read and understood the parent handbook and will comply with the policies and operating procedures of the Child Care Program.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Witness

Date

PHOTOGRAPHS:

I hereby grant permission for my child's name and photograph to be included in progress reports and evaluations and in media coverage for the purpose of publicity and promotion of the Child Care Program.

NEWSLETTERS:

I hereby grant permission for information about my child and family to be published in the program newsletter.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Witness

Date