**FUTURE SCHOLARS DAYCARE AND OSC**

**8030 118AVE NW EDMONTON**

**Orientation for New Parents**

* Welcome
* Introduction
* Room tours
* Introduction with the staff members
* Explaining room schedules, food menus, Allergy lists
* Tour to washrooms
* Tour to playground
* Talk about Parent Handbook, Registration Handbook
* Information about subsidy (if needed)
* Welcome letter {including Staff’s name and things needed at first day}
* Answering parents' questions & concerns

 Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FORM**

Please fill out the form as completely as possible, sign or initial where necessary. Bring your completed form to the centre or fax us. If you have any questions, please feel free to ask.

                            Child’s General Information

Name of Child     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

    {Last Name}    {First Name}                    {Nickname}

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                 Male: \_\_\_\_\_ Female\_\_\_\_

Date Applied:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop-Off Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Pick-Up Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Siblings: \_\_\_\_\_\_    LegalGuardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Been in child-care before ?\_\_\_\_\_    Name of centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop off Policy

Children MUST be dropped off no later than 10 A.M.                           Please initial: \_\_\_\_\_\_\_\_\_\_

Late Pick-Up Policy

Children MUST be picked up no later than 5:45 p.m. Our late fee is $1 each minute you are late, minimum 15-minute charge.

                                                                                                                          Please initial: \_\_\_\_\_\_\_\_\_\_

                                                                       Registration Fee

I understand that there is a non-refundable registration fee of $35.00 to be applicable on account.

                                                                                                                           Please initial: \_\_\_\_\_\_\_\_\_\_

                                                                     Termination Notice

I understand that there is a 30-day termination notice is required to withdraw your child from Daycare & OSC. We also reserve the right to refuse care of your child. This includes any reason the Director and or license holder deems necessary. This could either be late fees, not meeting the child's needs, illness, etc. In such case, you will be given a termination notice from the center.

                                                                                                                           Please initial: \_\_\_\_\_\_\_\_\_

**PARENTS OR GUARDIANS INFORMATION**

Mother/Guardian Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother */* Guardian SIN #: \_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_Work/School \_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_

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

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is mother*/gu*ardian allowed to pick up child? \_\_\_\_\_

Father*/*Guardian Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father*/*Guardian SIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_ Work/School \_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_

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

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Father*/*guardian allowed to pick up child? \_\_\_\_\_\_

Parent to be contacted in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Alternate Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_

Authorized to Pick Up:     Yes or No

2. Alternate Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_

Authorized to Pick Up:     Yes or No

Please list the full name, relationship, and phone number of any additional people you wish to authorize for pick-up:

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

Please list the full name, and relationship of any people that DO NOT have authorization to pick up your child:

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

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**EMERGENCY CONSENT**

It is our policy of notifying a parent when a child is ill or needs medical attention. Occasionally , we cannot contact a parent and we need to get immediate help for the child. Our procedure is to  take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY*/*OUR CONSENT FOR MY*/*OUR CHILD WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAYCARE WHEN IWE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent*/*Guardian Signature        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_ { Date }

Parent*/*Guardian Signature        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_ { Date }

**Off-Site Activity Permission**

I understand that field trips and walks to neighbourhood areas and parks are part of the programming at Future Scholars and I hereby give consent for my child to participate in these activities.

                          Parent Initial \_\_\_\_\_\_

**Parent Handbook Agreement**

I have carefully read the Future Scholars Parent Handbook (available online at  www.futurescholars.ca) and understand that it is my responsibility to be aware of all the procedures and expectations set forth by the centre in this document

                                                                                                                               Parent Initial  \_\_\_\_\_\_

**CHILD’ MEDICAL INFORMATION**

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alberta Health Care Number:\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunizations Up-to-Date:  Yes \_\_\_ Νο \_\_\_\_

**Does your child have;**

**A medical condition/concern?         Yes \_\_\_ No \_\_\_\_**

If Yes Please provide further information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On-going Medication:                         Yes \_\_\_ Νο \_\_\_\_**

If Yes Please provide further information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies?     Yes \_\_\_ No \_\_\_\_**

If Yes Please provide further information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Required: (will need to fill out a medication form for any emergency medications)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any food restrictions    Yes \_\_\_ No \_\_\_\_**

If Yes Please provide further information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child toilet trained?   \_\_\_\_\_\_\_

Child's typical reaction to stress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's typical reaction to illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents method of discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there health, behavioural, developmental or other concerns that we should know about your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION AGREEMENT**

**Responsibility of Parents:**

* It is the responsibility of the parent to arrange all bus transportation information and provide it to Future Scholars Daycare & OSC
* The cost of this service is the sole responsibility of the parent
* If your child will not be on the bus or arriving in the morning to take the bus, it is the parents responsibility to inform the Future Scholars Daycare staff prior to the arrival of the bus
* If the bus company, for whatever reason, is unable to provide service to and from Future Scholars Daycare, it is the responsibility of the parents to make alternate arrangements for transportation. Future Scholars Daycare staff will not walk your child to school or walk to the school to pick up your child
* It is the sole responsibility of the parents to inform the bus company of any special needs or requirements
* In the event of delays in the bus arrival time, the parents must inform the bus company themselves if they wish their child to remain on the bus until a staff person is able to walk out to the designated bus stop

**Guidelines and Procedures of Future Scholars Daycare:**

* Future Scholars Daycare will provide staff person to take your child to the bus location 5 minutes prior to the arrival of the bus. Daycare staff will wait at the designated location for up to 15 minutes in the morning. If the bus has not arrived by this time, your child will be brought back to the centre and calls will be made to both parents to come and pick up your child. Daycare will not provide a staff person to walk your child to their school.
* Future Scholars Daycare will provide a staff person to meet your child at the designated bus stop 5 minutes prior to the arrival of the bus and will wait at the designated spot for 20 minutes as a winter time it's hard for staff to wait on the stop to long. If at this time, no bus has arrived and it is deemed late, a staff person will call the bus company at the number of parents provide to try and obtain information on the bus arrival time. Future Scholars Daycare staff will watch from the window of the Center or wait for bus driver call but must remain in the center to provide care and supervision of the other children attending Future Scholars Daycare. When a Daycare staff person sees the bus at the designated stop, we will walk outside to meet your child.
* Future Scholars Daycare staff will contact the parents if the bus company cannot be contacted and the bus has not arrived within 45 minute

Future Scholars Daycare is unable to control the arrival and departure times of the bus at Future Scholars Daycare or can we accept responsibility for driver errors or late pick up and arrival times.

Parent*/*Legal Guardian is responsible for transporting your child to and from the childcare facility. The childcare facility will transport your child to and from school by walking, Van, and or waiting at the bus stop.

Occasionally we may need to transport your child by moving vehicle. All children under 40 lbs. or 4 years will be placed in a safety-approved car seat will be provided by the daycare. All other children will be required to wear a seat belt at all times.

We carry a notebook with copies of all Emergency Contact Information, and record of pick up and drop off times and first aid kit. If a child does not show up when expected then the school is first to be checked, daycare contacted and then parents. If the child is still not located, then the appropriate authorities are contacted. A Critical/Serious incident report is filed and the licensing officer is notified immediately. Note-Staff will not leave the place until child found or proper step taken. Maybe in this case all other children may arrive late at daycare too and parents will be informed at the end of the day.

We are in partnership with the schools and check each schools protocol. When being transported in our company vehicle, children are only to be released to the outside supervisors on the school grounds. Daycare keeps records regarding who goes to which school, where does the child get picked up, start time and end time, days off, and emergency information for each child. School Calendars are kept to establish Pd days, Staff Meeting holidays. etc.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ { Parent’s Name } give permission for my child to travel in a moving vehicle or walked to and from school / Taken/Pick up at the designated Bus Stop with Future Scholars Daycare and OSC

Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency,** for example, our company vehicle breaks down, we give permission for staff to transport my Child in their own personal vehicle.

**Yes Or No** (please circle)                                                              Initial Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If NO, then parents will be called to transport their child to their school

**Biting Policy**

      I have read the Biting Policy as outlined in the Parent Handbook, and understand that if my child is sent home for

      severe biting incidents three times a week for two consecutive weeks, it may become necessary for the

     daycare to terminate our childcare a*g*reement. If the biting appears to target another child specifically, or causes

      serious damage to the other child's body (possible scarring, loss of skin or tissue), it will be grounds for immediate

      termination of care.                 Parent Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Male Staff Permission**

       I consent to having a male caregiver take my child to the bathroom and*/*or change my child's diapers,

       clothing, or  training pants while they are in the care of Future Scholars.

                                                                                                                        Parent Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developmental Screening Permission**

    I give permission to Future Scholars to monitor my child's development via the Nipissing Developmental

    Screening Tool, and include it in my child's portfolio and administrative records.

                                                                                                                          Parent Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technology, Visual, and Video Permission Form**

     At our centre we try to give a variety of learning experiences. This may include the use of a computer, a

     video, the television, or taped recordings of their own voices, etc. as a means of an activity. All activities, including

      the use of the computer, will be of appropriate age and content. We require your written below to signify

     your permission for these types of activities. In regards to the use of computers, television, video, and taped

      recording, I give the staff at Future Scholars Daycare & OSC permission to include my child in such related

      activities.                                                                                                   Parent Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Release Permission**

     Other parents sometimes request a family's phone number so they can phone to invite your child to a birthday party

     or some other social event. Please sign below if you have no objections to the release of your phone number for

     this purpose.

  Parent Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Photograph**

I give permission for Future Scholars to photograph my child, for  the following purposes:

|  |  |  |
| --- | --- | --- |
| Type of Use | Grant Permission | Decline Permission |
| Display in centre scrapbook |  |  |
| Give photographs possibly containing your child to current clients, classroom, group pictures |  |  |
| Display in facility's scrapbook or bulletin boards, shown to current and prospective clients |  |  |
| Display still photos on my daycare website \* |  |  |
| To use in a powerpoint or slide show As a keepsake for the child and family |  |  |
| To use in my child's portfolio to document my child's development |  |  |
| **Videos:** |  |  |
| For children watching themselves |  |  |
| making movies, pretending to be a weather person, news reporter, etc.... |  |  |
| dramatic play purposes. |  |  |

\* No names at any time will be posted without the consent of the parent.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one more of the above uses. I agree that this form will remain in effect during the term of my child's enrolment.

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Future Scholars Sunscreen and Insect Repellent Permission Form**

During outdoor play on sunny days, especially during the months of April through September, it is necessary that children wear sunscreen to protect their skin from the sun's damaging rays. **Therefore, we require that YOU provide *y*our children with a sunscreen of SPF 30 or higher**. All sunscreen will be applied to the child's face (not near eyes), ears, nose, arms, legs, or any other exposed skin before going outside and reapplied when necessary. Future Scholars will apply sunscreen **ONLY** if provided by parents.

Because there are periods during the year where mosquitoes and other biting insects are present, you may also want to send your child with a bottle of insect repellent. Repellent will be applied at the same time as sunscreen, but it is not a requirement of the centre. Please choose a bug spray with low DEET content and that is sensitive to a child's skin. In the absence of repellent, the centre will not provide any.

All sunscreen and insect repellents must be marked with the child's name and be in the original packaging with an appropriate expiration date. Anything that is past the expiration date will not be used. Parents will be notified when these products expire or are running low.

Please fill out the following information and place a checkmark next to the appropriate statements.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand the above and give Future Scholars Daycare staff permission to apply sunscreen that I have provided and labelled to my child/ren ( Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I do not know of any allergies that my child has to sunscreen.

\_\_\_\_\_\_\_ I do not want my child to have sunscreen applied to him/her because of an allergy or other medical condition. Please specify:

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for the centre staff to apply insect repellent that I have provided and labelled to my child/ren,( Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ I do not know of any allergies my child has to insect repellent.

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a special meaning or story behind your child’s name?

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

Where was your child born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did your family originally come from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                            When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages are spoken or understood by your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages are spoken or understood by your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special customs or traditions in your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any special or traditional music in your family listens to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special or traditional holidays your family celebrates?

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

Would you be willing to come into our centre and share special or traditional stories, music, art, or other activities with the children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_