



FULL DAY STUDENT REGISTRATION FORM

Child's name _____ F _____ M _____ Birthdate _____

Address _____ Telephone No. _____

City _____ Postal Code _____

Email Address: _____

Mother's name _____ Cellphone No. _____

Place of business _____ Telephone No. _____

Address _____

Father's name _____ Cellphone No. _____

Place of business _____ Telephone No. _____

Address _____

Please name two people that could be called in an emergency, if parents cannot be reached

1st name _____ Telephone No. _____

Relationship _____ Address _____

2nd name _____ Telephone No. _____

Relationship _____ Address _____

Describe previous preschool experiences _____

Would you tell us a little about your child?

a) Physical abilities, interests _____

b) Personality characteristics – shy, outgoing, any fears? _____

c) Is there anything else you can think of that would help us to know and understand your child better?

Other children in the family?

Name	Age	Sex M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any specific academic or social goals in mind for you child during their preschool years?



AUTHORIZATION FORM

Child's Name: _____

Pick-up and Transportation

Other than the signing parent, **only** the following persons have the authorization to pick-up and transport my child:

1. _____
2. _____
3. _____
4. _____
5. _____

Is there any person not permitted to access your child? Yes _____ No _____

Name of the person: _____

Relationship to the child: _____

Field Trips

I give permission for my child to take part in “walking field trips” near the school, whether preplanned or spontaneous. I understand that I will be notified of all Field Trips that require transportation. I understand that I will be responsible for transporting my child to and from field trip locations away from the school and in so doing, give permission for my child to attend.

Signature of Parent or Guardian

In case of illness or medical emergency, I understand the following:

- I cannot send my child to school when he/she is ill.
- I give the staff permission to call a doctor or ambulance in case of emergency.
- No medication will be given without the written consent of child's parent or guardian.
- Medication is to be provided in the original labeled container.
- When giving prescribed medication, the date, time and amount of medication will be recorded and initialled.
- If my child becomes sick at school, I agree to have her/him picked up as soon as possible

Signature of Parent or Guardian

**HEALTH FORM**

To be completed and returned with your child upon commencement of the school year in September.

Child: _____ Sex: _____ Birthdate: _____

Home Phone Number: _____ Address: _____

Father's Name: _____

Business Phone: _____ Cellphone Number: _____

Mother's Name: _____

Business Phone: _____ Cellphone Number: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Care Card Number: _____ IMMUNIZATION: YES _____ NO _____

Emergency Contact Persons (other than parents)

Name	Address	Phone Number
Name	Address	Phone Number

1. General State of Health _____

2. Any allergies? _____

Is the child subject to **Yes** or **No**

Colds _____ Bronchitis _____ Sore throats _____ Urine infection _____ Hay fever _____

Bleeding nose _____ Ear infection _____ Convulsions _____ Skin conditions _____ Asthma _____

3. Is your child on any medication? _____

4. Is your child on any diet restrictions? (If different from allergies) _____

5. Any Physical/Learning concerns? _____

6. Any vision, hearing or speech concerns? _____

7. Any social/behavioral/emotional concerns? _____

8. Is child independent at using the toilet? _____

9. Does your child have any particular fears such as loud noises, costumes, uniformed people, and dogs? _____

10. Other medical problems? _____

**MEDICAL ALERT FORM****For School Year:** _____

Student Name: _____

Birth Date: _____

Parent or Guardian: _____ Home Phone: _____ Bus Ph: _____

Emergency Contact Name: _____ Home Phone: _____

Physician: _____ Phone: _____

Potentially life threatening medical condition diagnosed as: _____1. New Condition: ☐ Yes ☐ No Date condition identified: _____

2. Describe the potential problem: _____

PLAN WHILE IN THE CARE OF THE SCHOOL:

To be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with appropriate school staff and when necessary, Community Care Facilities Licensing.

▪ Symptoms to watch for are: _____

▪ Precautions in the classroom are: _____

Medication needed: ☐ Yes ☐ No Name of medication: _____

(If yes "Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school)

***Emergency Plan** school staff need to follow (step by step):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INFORMATION REVIEW by parent/guardian:

(Review minimum annually) sign & date

1. _____
2. _____
3. _____

TRAINING REVIEW:

(Review minimum annually) sign & date

1. _____
2. _____
3. _____

CHILD RELEASE FORM

Child's Name: _____

I understand that the school staff will not release my child to any authorized individual if they are intoxicated or displaying any erratic behaviour, making them unable to adequately care for my child and potentially jeopardizing their health and safety.

Parent/guardian signature: _____

Date: _____

PHOTOGRAPH PERMISSION FORM

Please note: Our school requires a photograph of your child for our records, prior to their enrolment.

I give permission for my child, _____, to be photographed. I understand that these photographs will be used for my child's records and may be used for classroom displays, projects, school website and the school's official social networking page.

Parent/guardian Signature: _____

Date: _____

I, _____ give _____, and its employees (if applicable),
permission to take my child, _____ on short field trips and other outings as
part of the early childhood education and childcare program.

This includes transportation by car, bus, or on foot AND is granted only if my child will be
appropriately restrained in accordance to the vehicle specification.

Parent Signature

Date

Care Provider Signature

I, _____ give _____, and its employees (if applicable),
permission to take my child, _____ on short field trips and other outings as
part of the early childhood education and childcare program.

This includes transportation by car, bus, or on foot AND is granted only if my child will be
appropriately restrained in accordance to the vehicle specification.

Parent Signature

Date

Care Provider Signature

CARDS

It is strongly recommended that when staff leave the facility premises with children, they carry abbreviated records for each child along with the required portable first aid kit. These records provide essential information and consents to access emergency medical treatment.

(Side 1)

EMERGENCY CONSENT CARD

Name: _____ Sex: M F Birthdate: _____
 Address: _____ Home Phone: _____
 Guardians Name: _____ Work Phone: _____
 Name: _____ Work Phone: _____
 Alternate Contact:
 Name: _____ Phone: _____
 Child's Dr.: _____ Phone: _____
 Most recent Tetanus shot: _____ MMR: _____
 Allergies/Medications: _____
 Child's Dentist: _____ Phone: _____

CONSENT FORM

(Side 2)

Child's Name: _____ Medical #: _____

It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child need immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency centre.

I authorize the staff at the _____ child care facility to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Alternate Identification:

Child's name _____
 Height _____
 Weight _____
 Eye Color _____
 Hair Color _____