



**PRESCHOOL 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

1<sup>st</sup> name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

2<sup>nd</sup> name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Describe previous preschool experiences \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you tell us a little about your child?

a) Physical abilities, interests \_\_\_\_\_

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b) Personality characteristics – shy, outgoing, any fears? \_\_\_\_\_

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

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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?

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**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.

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*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

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

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 &amp; date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TRAINING REVIEW:**

(Review minimum annually) sign &amp; 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: \_\_\_\_\_



# 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 \_\_\_\_\_