

**YOUNG ACHIEVERS DAYCARE (WCG) Summer 2021**

SCHOOL:

**CHILD INFORMATION**

First Name:	Date of Birth (m/d/y):
Last Name:	Age of Child:

**MEDICAL INFORMATION**

Doctor's Name:	Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO
Doctor's Phone Number:	
Doctor's Address:	Does your child have an Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Health Card Number (optional):	If yes, please specify.


**PARENT/GUARDIAN INFORMATION**

Mother's Name:	Father's Name:
Home # :                      Cell # :	Home # :                      Cell # :
e-mail :	e-mail :
Home Address (including postal code):	Home Address (including postal code):
Place of Employment:	Place of Employment:
Work Number:                      Extension:	Work Number:                      Extension:
Work Address (including postal code):	Work Address (including postal code):
Tax Receipt :    Yes      No      Both	Tax Receipt :    Yes      No      Both

**EMERGENCY CONTACT 1**

Name:	Full Name	Relationship to Child
Phone Number:	1	
Address (including postal code):	2	
	3	
Relationship to Child:	4	

**AUTHORIZED PICK-UP PEOPLE****EMERGENCY CONTACT 2**

Name:	Please indicate who has custody	
Phone Number:	Mother and Father	
Address (including postal code):	Mother only	
	Father only	
Relationship to Child:	Other:	

\_\_\_\_\_  
Parent Signature\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (m/d/y)

Does your child have any special <u>medication</u> information		Has your child being diagnosed with a medical condition	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate:		Please indicate:	
<b>ADDITIONAL INFORMATION</b> I.E. Child's likes, dislikes, interests, abilities, needs, family traditions or routines.			
<b>OFFICE USE ONLY</b>			
Start Date:		End Date:	

