



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

Withdrawal Date: \_\_\_\_\_

**Child's Information**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Days and Hours Attending: \_\_\_\_\_

**Parent Information**

Parent/Guardian

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

(If different from child's)

Home Phone Number: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Business/School Address : \_\_\_\_\_

Business / School Phone Number: \_\_\_\_\_

Parent/Guardian

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

(If different from child's)

Home Phone Number: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Business/School Address and Phone Number: \_\_\_\_\_

Child living with: \_\_\_\_\_ Court order on file: ( ) Yes ( ) No

**Emergency Contacts**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**Child's Health**

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Special Diet Requirements: \_\_\_\_\_

History of Communicable Diseases: \_\_\_\_\_

Allergies: ( ) Drugs, ( ) Stings, ( ) Food, ( ) Other \_\_\_\_\_

\_\_\_\_\_

Epipen: ( ) Yes ( ) No

Any special requirements for rest or exercise: \_\_\_\_\_

\_\_\_\_\_

**Others to whom your child may be released to with OR without your permission:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Information for parents consents:**

Emergency Procedure:

In case of illness or accident to my child where I or the emergency contact cannot be reached by telephone, I hereby grant authority to the childcare supervisor or designate to call an ambulance and seek any necessary medical treatment.

( ) Yes ( ) No

**Consent for Field Trips**

I give permission for my child to be involved in excursions under teacher supervision.

( ) Yes ( ) No

**Consent for Photos**

Occasionally children are photographed for the local newspaper or cable TV station. I give permission for my child to participate in these events.

( ) Yes ( ) No

**Consent for use of Witch Hazel**

I give permission for Where We Grow Early Learning Centre Inc. to use witch hazel for cleansing minor wounds>

( ) Yes ( ) No

**Consent for Sunscreen**

I give permission for Where We Grow Early Learning Centre Inc. staff to apply Sunscreen, Kids Lotion SPF 30, on days needed. Sunscreen will be applied in the afternoon before outside time. We ask that you apply it in the morning.

( ) Yes ( ) No

**Consent to Play in Wading Pools**

I give permission for my child to play in wading pools during the summer months. I will supply a bathing suit and towel for these days.

( ) Yes ( ) No

My child wears ear plugs.

( ) Yes ( ) No

**Parent Handbook**

I have received the parent handbook and understand that I must abide by the parent responsibilities and policies outlined. I also understand that I am responsible to pay the parent costs as stated.

( ) Yes ( ) No

**Payment Options**

Fees are payable by Cash or Cheque only. They are payable either ( ) weekly or ( ) bi-weekly.

I understand that it is my responsibility to immediately advise the child care centre of any changes of the above information.

Parent/Guardian Signatures:

\_\_\_\_\_

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

Office Signature: \_\_\_\_\_