

STUDENT INFORMATION**2011-2012**

Child's Name: _____ / _____ _____		
Last	First	Middle
Home Phone: _____		Birth date: _____ Year/month/day
Home Address: _____		Postal Code: _____

PARENT OR GUARDIAN INFORMATION

Primary contact	Secondary contact
Name:	Name:
Relationship to child:	Relationship to child:
Cell#:	Cell#:
e-mail:	e-mail
Home Address:	Home Address:
Place of Employment	Place of Employment
Employment Address	Employment Address
Business Phone	Business Phone:

EMERGENCY CONTACT: a person who would pick-up your child in an emergency if a parent can not be reached or is unable to pick up your child within 2 hours.

Name:	Phone:
Address:	
Relationship:	

PERSONS TO WHOM MY CHILD MAY BE RELEASED FROM PRESCHOOL

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SCHOOL POLICIES CONFIRMATION

I have reviewed, accept and will abide by the policies as described in my copy of the Parent Handbook including those concerning:

- discipline, supervision of children
- off-site activities
- illness, communicable diseases, immunizations and reporting
- accident/incident policy and reporting
- health care, emergency and non-emergency
- attendance records, class lists
- nutrition, snack program
- photos of children
- emergency evacuation
- Notice of withdrawal from program

I have discussed any concerns with the program director before signing.

Date: _____ Parent Signature: _____

ADMINISTRATIVE AREA

Post-dated cheques received:

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STUDENT MEDICAL INFORMATION

Child's Name: _____
Alberta Health Care Number (optional FOIP) _____

ALLERGIES and/or DIET RESTRICTIONS

Please list any allergies or diet restrictions.

IMMUNIZATIONS

Please check the immunizations that your child has received.
Diphtheria/Pertussis/Tetanus (DPT) ____ Polio (IPV) ____ Chicken Pox (Vz) ____
Measles/Mumps/Rubella (MMR) ____ Meningitis (MC) ____
Pneumococcal Conjugate (PC) ____ Other: _____

My child's immunizations are up to date: Sign: _____ Date: _____
or

My child has **not** been immunized: Sign: _____ Date: _____

MEDICAL / EMOTIONAL / DEVELOPMENTAL CONCERNS

Please list any medications your child would need in an emergency (epi-pen, inhaler, etc)

Please list any medications your child takes on a regular basis (insulin, inhaler, etc)

Are there any areas of your child's development about which you have concerns?

****The preschool administers NO medication without written authorization by parent. Special form is required.

FAMILY INFORMATION

Siblings

Other household members

Language spoken at home

Other

EMERGENCY MEDICAL AUTHORIZATION

I authorize the staff of Foothills Creative Beginnings to administer first aid as required and to have my child transported by ambulance for medical treatment in an emergency. The parent/guardian would be contacted immediately. Parents are responsible for the cost of any medical assistance such as ambulance.

Date: _____ Parent Signature: _____

ADMINISTRATIVE AREA

January 2012 Update: I have reviewed and made necessary changes to information.

Date:

Sign: