

Child/Family Information Form for Tiny Tots

Child Information:

Surname		Given Name			Middle Name					
Name Child Responds To	Sex	Birth date			Starting Date			Ending Date		
	M <input type="checkbox"/> F <input type="checkbox"/>	Y	M	D	Y	M	D	Y	M	D
Street Address		City, Province				Postal Code				
Child's First Language		Child's Second Language								
Person(s) with whom the child lives:										

Parent/Guardian:

1.) Name		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
Address		Postal Code	Home Tel. #	Cell #
Name of Work Place			Work Phone #	
2.) Name		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
Address		Postal Code	Home Tel. #	Cell #
Name of Work Place			Work Phone #	

Alternate Emergency Contacts with authorization to pick up child:

Name	Relationship	Phone #
Address	Speak English?	If no, what language?

Name	Relationship	Phone #
Address	Speak English?	If no, what language?

Name	Relationship	Phone
Address	Speak English?	If no, what language?

Custody Agreement (if any) that you wish us to be aware of: YES NO

(If there are any restrictions to access, we need copies of the court orders.)

**** Discussing recent emotional upsets of your child with his/her teachers will help the teachers to deal with the child more effectively. All information will be held in strictest confidence.**

Other children living at home:

Name	Birth date Y M D	Name	Birth date Y M D
Name	Birth date Y M D	Name	Birth date Y M D
Name	Birth date Y M D	Name	Birth date Y M D

Has child previously attended daycare/preschool? Yes No

Health/Nutrition:

Words child uses for toileting: _____

Is your child subject to any of the following (please mark with an "X"):

colds _____ nose bleeds _____ skin conditions _____ seizures _____
bronchitis _____ whooping cough _____ convulsions _____ other _____
sore throat _____ ear infections _____ bladder infections _____

List any allergies of child: _____

Is child presently taking medication? _____ Type: _____

Any specific medical instructions: _____

****A Permission to Administer Medications form must be filled out and signed by the parent.**

Has child any vision, hearing or speech problems? _____

Any other concerns (behavioural or developmental)? _____

Medical information from Care Card:

Identity and Dependent Number

Doctor's Name: _____ Phone: _____
Address: _____

Very Important!!!

Immunizations Records: (A photocopy of record must be provided).

Childhood diseases which are preventable through immunization include:

- Whooping cough (pertussis)
- Measles
- Mumps
- Rubella
- Meningitis caused by Haemophilus influenza type B

These diseases are easily transmitted among children, so it is important that we know if your child is immunized. We are required by childcare licensing to have up-to-date copies of immunization records for each child in our preschool program. If you have chosen not to immunize your child for a previously mentioned disease; in the event of chance of exposure, for your child's safety they will be required to be excluded from the program during the period of communicability.

Please fill out the section below which indicates your understanding to this matter.

I, _____ Parent/Guardian of

_____ understand that if Tiny Tots preschool does not have an up to date copy of my child's immunization records, my child will not be able to attend school if there is any reports of relative communicable diseases in the program.

Parent/Guardian Signature _____

Date _____

Medical Attention Consent Form:

It is the policy of this Centre to notify a parent or emergency contact person when a child is ill or needs medical attention. Occasionally we cannot contact these people and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service by ambulance.

Please sign below so that we can take appropriate action on behalf of your child. Parents are responsible for costs (if any) from use of an ambulance.

I hereby give consent for my child _____, when needing medical attention, to be taken to the nearest emergency centre by the staff of Tiny Tots or by ambulance when I cannot be contacted.

_____ Date

_____ Name (Please Print)

_____ Signature

Photo Consent Form:

From time to time your child may have his/her picture taken by personnel from the media, other parent(s) and/or staff.

I consent to having my child's picture taken by:

Media	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>

May Recreation Services use your child's photo for promotional purposes?

Yes No

_____ Date

_____ Signature

Field Trips Consent Form:

My son/daughter has my permission to go on excursions away from the Tiny Tot Centre. (NOTE: For the safety of your child, parents are responsible for driving their own child on "driving" field trips.) I understand that all excursions will be planned and adequately supervised and I will be notified of them in the monthly newsletters.

_____ Date

_____ Signature

Additional Remarks by Parent(s):
