

CHILD RECORD

Please print and fill ALL sections. If something does not apply, please write N/A or none.

Class Registered in: _____ **Commencement Date:** _____

Child's Name: _____ **Preferred Name:** _____

Birth Date: _____ Gender: F M Home Phone: _____
MM DD YYYY

Home Address: _____ Postal Code: _____

Child lives with: both parents mother father others (specify) _____

Language spoken at home: _____ Has your child attended? dayhome preschool previously?

FAMILY INFORMATION: (Please write "same" if home address is the same as above)

Mother's Name: _____ Fathers Name: _____

Home Address _____ Home Address: _____
P/C P/C

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Email Address: _____

This is used to send out month newsletter or to keep you updated on preschool events.

Is your child attending preschool with an Aide? Y N What Agency: _____

Emergency Contact Information: (if parents cannot be reached). This person must be able to speak English and able to pick up your child in an emergency.

Name: _____ Relationship to the child: _____

Address: _____ Phone Number: _____

Authorized persons to whom your child may be released to? (Other than parent)

Name: _____ Phone: _____ Relationship to child? _____

Name: _____ Phone: _____ Relationship to child? _____

Name: _____ Phone: _____ Relationship to child? _____

Is there anyone specifically NOT allowed access to your child? _____

MEDICAL INFORMATION:

List any allergies your child has. None _____

Please describe typical reactions _____

Does your child need an EpiPen for this allergy? No Yes If yes, please complete and attach Medication form.

Is your child on any ongoing medication? No Yes If yes, please complete and attach Medication form.

Is your child's immunization up to date? No Yes. If you have chosen not to immunize your child, please provide a signed declaration. Attach to this form.

List any dietary concerns _____

Are there any reoccurring medical problems that are pertinent to his/her activities at the preschool? _____

I understand that my child, _____ where they may be in contact with other people carrying a communicable disease. I do not hold Kings Kids Preschool liable for exposure to any such disease during the program.

General Information About your Child

Sibling and age: _____; _____; _____
_____; _____; _____; _____

Does your child have any fears/anxiety? No Yes _____

What would you like us to know about your child? _____

Signature: _____ Date: _____

PLEASE ATTACH THE FOLLOWING IN ORDER TO SECURE A SPOT FOR YOUR CHILD

- Registration fee (\$50) – non-refundable
- Deposit fee – current date – equal to a month's tuition
- 9 post-dated cheques dated the 1st of each moth (October to May)
- Completed, dated and signed Registration form
- Completed, dated and signed Enrolment Form
- Completed, dated and signed Portable Record Form
- Completed, dated and signed Permission and Policies form
- Completed and signed Medication Administration Form (if applicable)