

**Preschool Intake Form**

**CHILD'S INFORMATION**

Gender  M  F  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Last Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Care Card (PHN): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_  
Days/Hours of Work: \_\_\_\_\_

Last Name: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
(Work): \_\_\_\_\_

First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Place of Work: \_\_\_\_\_  
Days/Hours of Work: \_\_\_\_\_

Last Name: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
(Work): \_\_\_\_\_

**Custody and Access Information (if applicable):** \_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACTS/AUTHORIZED TO PICK UP**

**NOTE: We will ONLY release your child to the people listed below.**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**PERSON'S NOT PERMITTED ACCESS TO THE CHILD**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**OUT OF PROVINCE EMERGENCY CONTACT (EARTHQUAKE)**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Will you be accessing preschool subsidy?  Yes  No  
We will need confirmation of subsidy before your child enters preschool.

**Registration Fee:**  Paid

**Start Date:**

**End Date:**

_____	Monday/Wednesday/Friday 9:00am to 11:30 am	_____
_____	Monday/Wednesday/Friday 12:30 pm to 3:00 pm	_____
_____	Tuesday/Thursday 9:00am to 11:30 am	_____
_____	Tuesday/Thursday 12:30 pm to 3:00 pm	_____

**CHILD'S HEALTH INFORMATION**

Any medication?  Yes  No If yes, please explain: \_\_\_\_\_

Any allergies?  Yes  No If yes, please explain: \_\_\_\_\_

Special diet?  Yes  No If yes, please explain: \_\_\_\_\_

Immunizations Received?  Yes  No If no, please explain: \_\_\_\_\_

**EMERGENCY HEALTH INFORMATION**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**CONSENT**

Emergency Medical Consent

It is the policy of the centre to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact the parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

I hereby give my consent for my child \_\_\_\_\_, when ill, to be taken to the nearest emergency centre by the staff of the Nanaimo Child Development Centre when I cannot be contacted. I consent to an ambulance being called to transport my child if necessary.

Video Consent

I consent to my child being videotaped/photographed for the following purposes:

Publicity/Education Use (in centre and out):  Yes  No

Publicity (newspaper, TV, public relations):  Yes  No

Classroom Use:  Yes  No

Email Consent:  Yes  No Email: \_\_\_\_\_

Sunscreen

I consent to the Nanaimo Child Development Centre staff applying sunscreen to my child as appropriate. I agree to supply sunscreen to preschool, labeled clearly with my child's name.  Yes  No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
Date

**CONSENT UPDATED (for returning students)**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
Date

**OTHER PERTINENT INFORMATION**

*Your Child Lives With:*

Siblings and Ages: \_\_\_\_\_  
\_\_\_\_\_

Other and Ages: \_\_\_\_\_  
\_\_\_\_\_

Other People of Importance in Your Child's Life: \_\_\_\_\_  
\_\_\_\_\_

Things your child likes to do: \_\_\_\_\_  
\_\_\_\_\_

Your child/family's strengths are: \_\_\_\_\_  
\_\_\_\_\_

How Will Your Child Cope with You Leaving? \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your child's development? \_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to enroll your child in a preschool program? \_\_\_\_\_  
\_\_\_\_\_

Your family prefers to receive information in:

- Written Form                      Language: \_\_\_\_\_
- Large Print
- Verbal
- Translation Required              Language: \_\_\_\_\_
- Other                                  Please Explain: \_\_\_\_\_

Language used at home:     English     French     Cantonese     Punjabi     Vietnamese  
 Other: \_\_\_\_\_

Does your family have any Aboriginal heritage? Yes  No

Is there anything the Nanaimo Child Development Centre should be aware of regarding your family, cultural and/or, spiritual needs/beliefs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_