

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: <input type="radio"/> 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? _____

