

Students Name: _____ Gender: **M** **F**

First Middle Last

1. Days I would like my child to attend: **Mornings:** **M T W Th F** Date of Birth: / / /
 (Please Circle) **Afternoons:** **M T W Th F** dd mm yyyy

2. Information	Father	Mother	Legal Guardian
Name			
Home Telephone #			
Work Telephone #			
E-mail Address			
Name of Church Attending			
Citizenship			

3. Parent/Guardian Address _____
 Street City PC

4. Family Doctor _____ () _____
 Name Phone # Care Card Number

5. Emergency Contact _____ () _____
 Name Phone # Authorized to pick up child (Initials)

_____ () _____
 Name Phone # Authorized to pick up child (Initials)

6. Immunization record as required under the Health Act (Photocopy Required)
 DPTP/HIB (4 Doses + Booster) _____ MMR (2 Doses) _____ Hep B (2 Doses) _____
 Other _____ **If not immunized** (Check this box)

7. Health Concerns: Allergies _____ If **yes**, What kind? _____
 Asthma _____ Convulsions _____ Sore Throats _____ Hay Fever _____
 Colds _____ Bronchitis _____ Ear Infections _____ Skin Condition _____
 Bleeding Nose _____ Urinary Infections _____ Other medical problems? _____
 Is the child on any medication? _____ If **yes**, what kind? _____

8. Has child any vision, hearing, or speech concerns? _____
 Any learning or physical concerns? _____
 Any behavior or emotional concerns? _____
 Special Diet? _____
 Is the child toilet trained? _____
 Are there any other concerns we should know about? _____

9. Have there been any significant changes in your child's life (Death, Separation, move, new sibling) _____

10. Is there a custody agreement or restraining order? (If so, a copy must be provided) _____

11. Are there any special instructions about food likes and dislikes, naptime, toileting, favorite things, fears, religious and/or cultural observances, etc: _____