

little kids, active learners. CHILD INFORMATION FORM

Please attach 2 recent photographs of your child (head shots)

Date: _____

Child's Name: _____

Home Phone No: _____

Email address: _____

Classes for Fall 2009:

3 & 4 year olds

4 & 5 year olds

____ Mon/Wed 9:15am - 11:15am
 ____ Mon/Wed 12:30pm - 2:30pm
 ____ Tues/Thurs 9:15am - 11:15am
 ____ Tues/Thurs 12:30pm - 2:30pm

____ Mon/Wed/Fri 9:00am - 11:30am
 ____ Mon/Wed/Fri 12:15pm - 2:45pm
 ____ Tues/Thurs 9:00am - 11:30am

Address: _____ Postal Code: _____

Age: _____ Birth date: Day _____ Month _____ Year _____ Sex: Male Female (circle one)

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Alberta Health Care Number: _____ Other Coverage: _____

Family Doctor's Name: _____ Phone no: _____

Parent/Guardian #1: _____ Address: _____

Employer: _____ Work #: _____ Home #: _____

Cell #: _____ Custody: Yes No (circle one)

Parent/Guardian #2: _____ Address: _____

Employer: _____ Work #: _____ Home #: _____

Cell #: _____ Custody: Yes No (circle one)

*Emergency Contact Information

Name _____ Address: _____

Employer: _____ Work #: _____ Home #: _____

Cell Phone# _____ Relationship to the child _____

Please list the names of people authorized to pick- up your child:

Name _____ relationship to child _____

Name _____ relationship to child _____

* Children will not be released to anyone other than listed without written consent

Is there anyone who is legally NOT authorized to pick up your child? _____

If yes, please provide copies of court document.

Child Information:

Health Information

Are there any known Health concerns or Special Needs? Yes No

If yes, please explain _____

Is your child presently under the regular care of a physician? If yes, please describe _____

***Has the child been immunized?** Yes No Are immunizations up to date? Yes No

If **No**, please complete **Immunization Waiver Form**

Parent Signature (confirming immunization info) _____ Month _____ Day _____ Year _____

***Please list all food and/or drug allergies or restrictions:**

Is your child presently taking medication on a regular basis? Yes No , If yes please describe _____

Has your child had any major injuries or surgeries? _____

Has the child had: please check all that apply

Mumps Red Measles Rubella Chicken Pox Whooping Cough
Pneumonia Pink Eye Scarlet Fever other (specify) _____

Is the child prone to: please check all that apply

Ear Infections Colds Sore Throats Stomach Upsets
Headaches other (specify) _____

Does your child have any scars or marks: Yes No If Yes, what location? _____

ABOUT YOUR CHILD

Hand Preference: ___ Left ___ Right Languages Spoken at home: ___ English ___ Other: _____

Please list all family members residing with the child (Name, relationship to the child and ages of siblings):

Any special interests? _____

Any Fears? _____

Has your child been in a child care arrangement before? ___Yes ___No

Describe your child's behaviors and habits (i.e. temperament, energy level etc):

Describe your child's particular attachments (i.e. toys, blanket, pet, person etc)

Describe how your Child Communicates:

How would you describe you child's:

Emotional Growth

Physical Growth

Social Growth

Describe how your child reacts to stressful situations (i.e.: cries, withdraws etc):

How does your child usually react to new situations?

We would appreciate your views on guiding your child's behavior:

Please provide any other information about your child that may help us to ease their transition into the program:

Anything else not covered by this form you would like to share

<p>Medical Statement In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medical physician may attend to my child.</p> <p>_____ PARENT SIGNATURE</p> <p>_____ DATE</p>	<p>Informed Consent I am aware that Cardel Place little kids, active learners Program may be involved in some of the following activities: swimming, running, sports, using Cardel Place facilities, off area trips such as: walking to local parks, going to other facilities in Calgary and surrounding areas, taking transportation via a chartered bus company.</p> <p>_____ PARENT SIGNATURE</p> <p>_____ DATE</p>	<p>Field Trip Permission I hereby give written consent for my child to participate in the trips away from Cardel Place as an activity for little kids, active learners Program. I fully understand that reasonable precautions and safety measures will be taken by the Program staff and I waive any liability on the part of Cardel Place and Nose Creek Sports and Recreation Association.</p> <p>_____ PARENT SIGNATURE</p> <p>_____ DATE</p>
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Photo Release Agreement (optional)

The undersigned hereby grants Cardel Place permission to take and publish still photographs and moving videos or publish those previously taken of my child. These pictures will be used by Cardel Place and Nose Creek Sports and Recreation Association for the purpose of displays and promotion.

PARENT SIGNATURE

DATE

***Have you read and understood the Parent Handbook? Please sign**

Name _____ Month _____ Day _____ Year _____
(Parent/guardian signature)

<p>Cardel Staff Use: <u>Attendance Information:</u> Child's Start date: Month _____ Day _____ Year _____ Termination date: Month _____ Day _____ Year _____ Approved by Cardel Place Staff: _____ Date: _____</p>
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