

Little Kids, Active Learners  
Nose Creek Sports and Recreation Association



Two recent head shot photographs of your child **must** be attached.

**CHILD INFORMATION FORM  
2012-2013**

**SESSION INFORMATION**

**DATE** \_\_\_\_\_

**Age Group: 3 & 4 year olds**

	DAY	TIME
24476 / 24488	Mon / Wed	8:45am-10:45am
24477 / 24489	Mon / Wed	11:15am-1:15pm
24478 / 24490	Mon / Wed	1:45pm-3:45pm
24479 / 24491	Tues / Thurs	8:45am-10:45am
24480 / 24492	Tues / Thurs	11:15am-1:15pm
24481 / 24493	Tues / Thurs	1:45pm-3:45pm

**Age Group: 4 & 5 year olds**

	DAY	TIME
24482 / 24494	Mon / Wed / Fri	8:30am-10:30am
24483 / 24495	Mon / Wed / Fri	11:00am-1:00pm
24484 / 24496	Mon / Wed / Fri	1:30pm-3:30pm
24485 / 24497	Tues / Thurs	8:30am-10:30am
24486 / 24498	Tues / Thurs	11:00am-1:00pm
24487 / 24499	Tues / Thurs	1:30pm-3:30pm

Child's Name		Home Phone No.	
Address		City	Postal Code
Birth Date (day/month/year)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Hair Colour	Eye Colour	Height	Weight

Parent / Guardian Name	Home Phone No.	Cell Phone No.	Email
Address		City	Postal Code
Employer		Work Phone No.	
Work Address		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent / Guardian Name	Home Phone No.	Cell Phone No.	Email
Address		City	Postal Code
Employer		Work Phone No.	
Work Address		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any custody / visitation arrangements?  Yes  No

If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name	Home Phone No.	Cell Phone No.	Email
Address		City	Postal Code
Employer		Work Phone No.	
Work Address		Relationship to Child	

**Please list those individuals authorized to pick-up your child (must show photo ID upon pick-up)**

Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

*\*Children will not be released to anyone other than those listed without prior written consent.*

Is there anyone who is legally **NOT** authorized to pick up your child?  Yes  No  
If yes, please provide details along with copies of court document(s).

**CHILD HEALTH INFORMATION**

Does your child have food or drug allergies?  Yes  No  
Please list:

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Are the above allergies severe?  Yes  No      Allergies requiring an Epi-pen?  Yes  No

*\*Policy requires a signed Medication Release Form and an Epi-pen and/or life saving medication to be kept on site at all times your child is present.*

Please list any food(s) your child cannot consume due to a special diet, health and/or religious reasons.

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Has your child been immunized?  Yes  No      Are immunizations up to date?  Yes  No  
Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_

*\*If your child has **not** been immunized, please complete the Child Immunization Waiver below.*

**IMMUNIZATION WAIVER**

I/We \_\_\_\_\_ have made the decision **not to immunize** our child, \_\_\_\_\_.  
*Parent(s) Name(s)* *Child's Name*

We therefore will not hold **Cardel Place Little Kids, Active Learners** responsible for any incurred illnesses that my child may contract while registered in the program.

**Little Kids, Active Learners**  
**Nose Creek Sports and Recreation Association**



Parent signature(s): \_\_\_\_\_

Date \_\_\_\_\_

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

If yes, please explain:

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Is your child currently under the regular care of a physician?  Yes  No

If yes, please explain:

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Is your child currently taking medication on a regular basis?  Yes  No

If yes, please explain:

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Has your child had any major injuries or surgeries?  Yes  No

If yes, please explain:

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Does your child have any scars or marks?  Yes  No If yes, where? \_\_\_\_\_

**ABOUT YOUR CHILD**

Hand preference:  Left  Right Languages spoken at home:  English  Other \_\_\_\_\_

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

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Does your child have any special interests? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Has your child been in a child care arrangement before?  Yes  No

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

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

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Describe how your child communicates: \_\_\_\_\_

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

How does your child usually react to new situations? \_\_\_\_\_

**Little Kids, Active Learners  
Nose Creek Sports and Recreation Association**



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

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

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<b>Medical Statement</b>	<b>Informed Consent</b>	<b>Field Trip Permission</b>
<p>In case of emergency or illness, every effort will be made to contact the parents/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>I am aware that Cardel Place Little Kids, Active Learners Program may be involved in some of the following activities: swimming, running, sports, use of 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>I hereby give written consent for my child to participate in field 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 take by the Program staff and I waive any liability on the part of Cardel Place and Nose Creek Sports and Recreation Association.</p>
<hr/> Parent Signature	<hr/> Parent Signature	<hr/> Parent Signature
<hr/> Date	<hr/> Date	<hr/> Date

**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 photos will be used by Cardel Place and Nose Creek Sports and Recreation Association for the purpose of displays and promotion.

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 Parent Signature

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 Date

**I have read and understand the Parent Handbook** (please sign)

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 Parent Signature

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 Date

<b>Cardel Place Staff Use Only</b>	
Program Start Date (Month / Day / Year)	Program Withdraw Date (Month / Day / Year)
Approved by Cardel Place Staff (signature)	