



**CHILD'S INFORMATION**

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

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

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

City/Town: \_\_\_\_\_

Gender: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

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**PHYSICIAN'S INFO**

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

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

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

City/Town: \_\_\_\_\_

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**PARENT/GUARDIAN #1 INFORMATION**

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

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

Relationship to child: \_\_\_\_\_

City/Town: \_\_\_\_\_

Home phone: \_\_\_\_\_

Postal code: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Employer name: \_\_\_\_\_

Address same as child:

Employer address: \_\_\_\_\_

Yes

Work number: \_\_\_\_\_

No (if "NO" enter info)

Work email: \_\_\_\_\_

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**PARENT/GUARDIAN #2 INFORMATION**

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

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

Relationship to child: \_\_\_\_\_

City/Town: \_\_\_\_\_

Home phone: \_\_\_\_\_

Postal code: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Employer name: \_\_\_\_\_

Address same as child:

Employer address: \_\_\_\_\_

Yes

Work number: \_\_\_\_\_

No (if "NO" enter info)

Work email: \_\_\_\_\_

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**MEDICAL INFORMATION**

Health Card Number: \_\_\_\_\_

Health Concerns:

Allergies:

EPIPEN

PUFFER

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**ELC PROGRAM**

Program: \_\_\_\_\_

 Full time Part time

Days:

 M T W Th F

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**SIGNATURE**\_\_\_\_\_  
Parent/Guardian\_\_\_\_\_  
Date**INTERNAL USE ONLY**

Admission Date:

Fee Details:

Withdrawal Date:

Reason For withdrawal:

Notes:



Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ If, at any time, medical treatment, including anesthetic is required, due to circumstances such as accident, sudden illness, or emergency it may be given by a private physician or hospital. The parents will be contacted first, except in an emergency situation where 911 will be called first and then the parents.

\_\_\_\_ I hereby consent to allow my child to leave the premises of MAELC to participate on excursions within walking distance of the Day Care Centre. I understand that my child will be escorted and supervised by the staff of the MAELC

\_\_\_\_ I understand that this is only for local walks and any field trips will be covered by a separate form, which will be signed at the time of the trip and payment of any necessary fees.

\_\_\_\_ I hereby give permission for my child to use all the play equipment and participate in all activities at the MAELC.

\_\_\_\_ I hereby give permission for my child to be included in any photographs, videos, etc. that may be taken at any time. I understand that I will be notified, as they occur, of who is taking them and why they are being taken.

\_\_\_\_ I hereby give permission for my child to be included in any photographs to be posted through Hi Mama and the Centre's website.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Your Child will only be released to an authorized person listed on this form (parent, guardian, or emergency contact).

In case of an emergency or unforeseen circumstance please indicate the name, address and phone number of any other person who you authorize to pick up your child on your behalf.

Picture ID will be needed to verify the identity of the person to whom your child will be released.

### EMERGENCY CONTACT LIST

**Mother**

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

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

City: \_\_\_\_\_

Other #: \_\_\_\_\_

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**Father**

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

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

City: \_\_\_\_\_

Other #: \_\_\_\_\_

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**Emergency contact #1**

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

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

City: \_\_\_\_\_

Other #: \_\_\_\_\_

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**Emergency contact #2**

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

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

City: \_\_\_\_\_

Other #: \_\_\_\_\_

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**Emergency contact #3**

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

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

City: \_\_\_\_\_

Other #: \_\_\_\_\_

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**Special Instructions:**