



CHILD'S INFORMATION

First Name: _____

Address: _____

Last Name: _____

City/Town: _____

Gender: _____

Postal Code: _____

Birthdate: _____

Email: _____

PHYSICIAN'S INFO

Name: _____

Address: _____

Phone: _____

City/Town: _____

PARENT/GUARDIAN #1 INFORMATION

Name: _____

Address: _____

Relationship to child: _____

City/Town: _____

Home phone: _____

Postal code: _____

Cell phone: _____

Employer name: _____

Address same as child:

- Yes
- No (if "NO" enter info)

Employer address: _____

Work number: _____

Work email: _____

PARENT/GUARDIAN #2 INFORMATION

Name: _____

Address: _____

Relationship to child: _____

City/Town: _____

Home phone: _____

Postal code: _____

Cell phone: _____

Employer name: _____

Address same as child:

- Yes
- No (if "NO" enter info)

Employer address: _____

Work number: _____

Work email: _____

MEDICAL INFORMATION

Health Card Number: _____

Health Concerns:

Allergies:

- EPIPEN
- PUFFER

ELC PROGRAM

Program: _____

 Full time Part time

Days:

 M T W Th F

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 #: _____

Father

Name: _____

Home #: _____

Address: _____

Work #: _____

City: _____

Other #: _____

Emergency contact #1

Name: _____

Home #: _____

Address: _____

Work #: _____

City: _____

Other #: _____

Emergency contact #2

Name: _____

Home #: _____

Address: _____

Work #: _____

City: _____

Other #: _____

Emergency contact #3

Name: _____

Home #: _____

Address: _____

Work #: _____

City: _____

Other #: _____

Special Instructions:



Image Consent Form

For part of learning at our centre, photographs/videos will be taken to document our discoveries and experiences of the children. In order to protect the rights and privacy of the children at our centre, we need permission from the parent or legal guardian to take pictures/videos of their child while attending MAELC.

I, _____, the parent/caregiver of _____, give full permission for the staff at the MAELC Child Development Centre to take photographs/videos of my child while under the care at our program.

I, _____, also give permission for the staff at the MAELC Child Development Centre to use these pictures/videos for promotional purposes outside the program premises. (Such as newsletter, newspaper, Facebook, etc.)

Parent Signature

Date

Director Signature

Date