



**Person(s) authorized to pick up child and be contacted in case of an emergency**

**Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Last  
Work Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Last  
Work Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Last  
Work Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Custody Agreement**

If there is a custody agreement, please give details and attach a copy

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill out the information to ensure proper care for your child**

Has your child previously attended a daycare before? \_\_\_\_\_

If your child attends school, what grade is he/she in? \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

If your child goes to Conrad School, will he/she need to be picked up by us? \_\_\_\_\_

Child's first language \_\_\_\_\_

If not English, does your child understand and/or speak English? \_\_\_\_\_

**Health Information**

Child's Care Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

If yes, what is your child allergic to? \_\_\_\_\_

\_\_\_\_\_

Does your child require a special diet? \_\_\_\_\_

Have any medical concerns? \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_

Has your child's hearing been tested? \_\_\_\_\_

Results \_\_\_\_\_

Has your child visited an optometrist? \_\_\_\_\_

Results \_\_\_\_\_

Has your child visited a dentist? \_\_\_\_\_

Results \_\_\_\_\_

PLEASE SUBMIT IMMUNIZATION RECORDS. They may be faxed to 627-7533.

Please write down any additional information not covered on the form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
YR M D

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
YR M D

**PHOTO/FILMING PERMISSION**

I hereby DO \_\_\_\_\_ DO NOT \_\_\_\_\_

Give permission for my child \_\_\_\_\_ to be photographed and filmed. I understand these photographs/films may be used the children, center displays and community displays.

**WALKS AND FIELDTRIPS**

I hereby DO \_\_\_\_\_ DO NOT \_\_\_\_\_

Give permission for my child \_\_\_\_\_ to participate in walks and fieldtrips. Transportation includes the public bus and the 15 passenger van from the Friendship House Association of Prince Rupert.

**SCHOOL DISTRICT #52**

I hereby DO \_\_\_\_\_ DO NOT \_\_\_\_\_

Give school district #52 permission to observe my child and or receive any reports or information on my child \_\_\_\_\_ for the purpose of planning a program for the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
YR M D