

Please list all persons who have permission to pick up your child (excluding parent's names) and include relationship to your child. **Any persons not named below will not be allowed to take the child from the facility, unless we have been informed by the parent of other arrangements.**

Name	Relationship to Child	Contact Number

HEALTH INFORMATION

Family Doctor's Name: _____ Phone Number: _____

Child's BC Care Card Personal Health Number: _____

Are your child's immunization currently up to date: _____

Does your child have any known allergies : _____ (If so, please provide list) _____

Please provide any instructions in the event of an allergic reaction including treatment: _____

Is there any other known, health conditions, development challenges, or concerns (eg. seizures, asthma, vision, speech, hearing, behaviour, learning disabilities, etc.) ☐ Yes ☐ No (If yes, please describe)

Please provide additional information to assist us get to know your child better:

What are your child's favourite activities? _____

Is your child fully toilet trained? _____

Does your child have any fears or separation anxiety? _____

Are there any special food restrictions? If so, please describe: _____

Does your child have any siblings? If yes, please list names: _____

What are your child's religious or cultural beliefs: _____

Is there any other information we should know about your child? _____

Are you applying for Government Subsidy: Yes ☐ No ☐

Office Use Only:

Date Received: _____

Government Subsidy Form Given to Family: Yes ☐ No ☐

Registration/Supplies Fee: (\$50.00/student)

Chq# _____

Cash Receipt # _____

Date Withdrawn: _____ Reason for Withdrawal: _____