CITY OF Vernon

Tiny Tots Preschool Child/Family Information

Child Information:

Name (First & Last):_____ Middle Name :_____

Name Child Responds to if different:_____

Birth Date:_____ Height:_____ Weight:_____

Gender: M ☐ F ☐ Eye Colour:_____ Hair Colour:_____

Distinguishing Marks:_____

Street Address:_____ City:_____ Postal Code:_____

Child's First Language:_____ Child's Second Language:_____

Person(s) with whom the child lives:

Parent/Guardian:

1.) Name:_____ Mother ☐ | Father ☐ | Guardian ☐

Address:_____ Home Tel. # _____
Cell # _____
Work Phone # _____

Name of Work Place: _____

2.) Name: _____ Mother ☐ | Father ☐ | Guardian ☐

Address: _____ Home Tel. # _____
Cell # _____
Work Phone # _____

Name of Work Place: _____

Alternate Emergency Contacts with authorization to pick up child:

Name	Relationship	Phone #
Address	First Language	

Name	Relationship	Phone #
Address	First Language	

Name	Relationship	Phone
Address	First Language	

Custody Agreement (if any) that you wish us to be aware of:

YES ☐ NO ☐
(If there are any restrictions to access, we require copies of the court orders.)

**** Discussing recent emotional upsets of your child with his/her teachers will help the teachers to deal with the child more effectively. All information will be held in strictest confidence.**

Other children living at home:

Name	Birth date Y M D	Name	Birth date Y M D
Name	Birth date Y M D	Name	Birth date Y M D
Name	Birth date Y M D	Name	Birth date Y M D

Has child previously attended daycare/preschool? Yes ☐ No ☐

Health/Nutrition:

Words child uses for toileting:

Is your child subject to any of the following (please mark with an "X"):

colds _____ nose bleeds ____ skin conditions _ seizures _____
bronchitis _____ whooping convulsions ____ other _____
sore throat _____ cough _____ bladder
ear infections ___ infections _____

List any allergies of child: _____
_____

Is child presently taking medication? Type: _____

Any specific medical instructions: _____
****A Permission to Administer Medications form must be filled out and signed by the parent.**

Has child any vision, hearing or speech problems? _____
_____

Any other concerns (behavioural or developmental)? _____
_____

Medical information from Care Card: _____

Doctor's or Walk-in Clinic Name: _____

Phone: _____

Address:_____

Immunizations Records

Childhood diseases which are preventable through immunization include:

- Whooping cough (pertussis)
- Measles
- Mumps
- Rubella
- Meningitis caused by Haemophilus influenza type B

These diseases are easily transmitted among children, so it is important that we know if your child is immunized.
Please check the applicable box indicating level of immunization:

- ☐ **Fully immunized**
- ☐ **Partially Immunized**
- ☐ **Not Immunized**

If you have chosen not to immunize your child for a previously mentioned disease; in the event of chance of exposure, for your child's safety they will be required to be excluded from the program during the period of communicability.

Medical Attention Consent Form:

It is the policy of this Centre to notify a parent or emergency contact person when a child is ill or needs medical attention. Occasionally we cannot contact these people and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service by ambulance.

Please sign below so that we can take appropriate action on behalf of your child. Parents are responsible for costs (if any) from use of an ambulance.

I hereby give consent for my child _____, when needing medical attention, to be taken to the nearest emergency centre by the staff of Tiny Tots or by ambulance when I cannot be contacted.

_____ _____ _____

Date Name (Please Print) Signature

Photo Consent Form:

From time to time your child may have his/her picture taken by personnel from the media, other parent(s) and/or staff.

I consent to having my child's picture taken by:

Media	Yes ☐	No ☐
Staff	Yes ☐	No ☐

Recreation, Culture and Community Services can use my child's photo for promotional purposes?

Yes ☐ No ☐

_____ _____

Date Signature

Field Trips Consent Form:

My son/daughter has my permission to go on excursions away from the Tiny Tot Centre. (NOTE: For the safety of your child, parents are responsible for driving their own child on "driving" field trips.) I understand that all excursions will be planned and adequately supervised and I will be notified of them in the monthly newsletters.

_____ _____

Date Signature

Additional Remarks by Parent(s):

_____

_____

_____