

# 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 need 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 cough	convulsions	other _____
sore throat	ear infections	bladder 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: \_\_\_\_\_

## Immunization 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.

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### 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 <input type="checkbox"/>	No <input type="checkbox"/>
Parent(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>

May Recreation Services use your 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):

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