

Canyon Out of School Care Enrollment Form

Date of Application _____ Start Date _____.

Child's Information:

Child's Given Name _____ Child's Last Name _____.

Date of Birth _____.

Street Address/Legal Land Description _____ Town _____.

Phone No. _____ Guardian Cell No. _____.

Parent(s)/ Legal Guardian(s) Information:

Mother/Legal Guardian Information

Last Name _____ Given Name _____.

Cell No. _____ Home No. _____ Email _____.

Physical Address/ Legal Land Description _____ Town _____.

Mailing Address _____ Postal Code _____.

Place of Employment _____ Business No. _____.

Father/Legal Guardian Information

Last Name _____ Given Name _____.

Cell No. _____ Home No. _____ Email _____.

Physical Address/Legal Land Description _____ Town _____.

Mailing Address _____ Postal Code _____.

Place of Employment _____ Business No _____.

Emergency Information:

Child's AB Heath Care No. _____ Immunizations _____.

Allergies/Medical Conditions, if any _____.

_____.

Doctors Name _____ Phone _____.

Doctors Address _____.

*Who should we contact in case of emergency when you cannot be reached?
NOTE: Emergency contacts are authorized to pick up your child in an emergency.*

1. Emergency Contact _____ **Home No.** _____.

Physical Address _____ **Town** _____ **Work/Cell No.** _____.

2. Emergency Contact _____ **Home No.** _____.

Physical Address _____ **Town** _____ **Work/Cell No.** _____.

Reviewed: March _____ 2015, September _____ 2015, March _____ 2016, September _____ 2016

Who else has permission to pick up your child?

Name _____ Phone _____.

Physical Address _____ Relationship _____.

Name _____ Phone _____.

Physical Address _____ Relationship _____.

Is there anyone who does NOT have your permission to take your child from the center?

Name _____ Relationship _____.

Name _____ Relationship _____.

PLEASE NOTE: A COPY OF THE COURT ORDER MUST BE ON FILE IN ORDER FOR THE PROGRAM NOT TO RELEASE A CHILD TO HIS/HER NON-CUSTODIAL PARENT.

Health Information:

Child's Alberta Health Care No. _____.

Are the child's immunizations up-to-date? _____.

Please list below any important health issues and describe what special attention is required at the center.

What past illness has your child had:

___ CHICKEN POX ___ SCARLET FEVER ___ DIABETES ___ MEASLES ___ MUMPS
___ HIV ___ AIDS ___ HEPATITIS A ___ HEPATITIS B ___ OTHER (_____)

Does your child have frequent:

___ COLDS? ___ EAR ACHES? ___ SORE THROAT? ___ STOMACH ACHES?
___ VOMITING? ___ HIGH FEVERS?

Has your child had any serious accidents?

Explain _____

Consent Waiver:

MEDICAL If any time, due to such circumstances as accident or sudden illness, staff can provide health care or first aid only. If any medical treatment is necessary, this may be given by a licensed physician. I understand that any expenses incurred for such treatment, including ambulance fees, is my responsibility.

Mother/Guardian Signature _____ **Date** _____.

Father/Guardian Signature _____ **Date** _____.

Family and Social History Information:

Marital Status of Parents

_____ MARRIED _____ DIVORCED _____ SEPARATED _____ SINGLE PARENT

Custody/ Parental Arrangements _____.

_____.

Siblings

Name _____ Age _____

Name _____ Age _____.

Name _____ Age _____

Name _____ Age _____

Other Members of the Household (can include pets) _____.

_____.

_____.

About Your Child:

Has your child ever been in child care before? _____ What type? (day care, day home, grandma etc.)

Was/Is it a positive experience?

How does your child feel about going to day care?

What is your child's temperament? Are they easy going, slow to warm up, active etc. _____.

_____.

Briefly describe your child (personality, abilities, likes, dislikes) _____.

_____.

_____.

Does your child have any speech, hearing or visual problems? _____.

_____.

Is your child usually hungry at meal times? _____ Between meals? _____.

What are his/her favorites foods? _____.

Any foods refused? _____.

Any eating problems? _____.

Any food allergies/sensitivities? _____.

General Information:

Does your child have any other issues we should be aware of?

What are your expectations for your child at the center?

Schedule Information:

My child will be attending the center on the following days at the following times:

Day of the Week	Morning Start Time	Evening Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

What kindergarten program my child attends (if applicable):

Monday/Wednesday 8:45 am- 3:30 pm

Tuesday/Thursday 8:45 am- 3:30 pm

Friday 8:45 am- 1:15 pm

By signing below I agree to provide **one month's written notice** prior to leaving the center.

Signature _____.