

CPVCSAP: VANIER CO-OPERATIVE

Toddler & Preschool Programs

260 LEVIS AVENUE, VANIER, ON., K1L 6H8

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Website: www.vaniercoop.ca

CHILD'S LAST NAME

FIRST NAME

BIRTHDATE

FAMILY ADDRESS

TELEPHONE H #

C #

NAME OF WORK/SCHOOL

W #

PARENT/GUARDIAN'S NAME (1)

ADDRESS OF WORK/SCHOOL

Email Address:

H #

C #

NAME OF WORK/SCHOOL

W #

PARENT/GUARDIAN'S NAME (2)

ADDRESS OF WORK/SCHOOL

Email Address:

1. _____

EMERGENCY CONTACT NAME

RELATIONSHIP

TELEPHONE H#

W#

2. _____

EMERGENCY CONTACT NAME

RELATIONSHIP

TELEPHONE H#

W#

1. _____

AUTHORIZED PERSON WHO MAY PICK UP CHILD

H #

C #

W #

2. _____

AUTHORIZED PERSON WHO MAY PICK UP CHILD

H #

C #

W #

3. _____

AUTHORIZED PERSON WHO MAY PICK UP CHILD

H #

C #

W #

4. _____

AUTHORIZED PERSON WHO MAY PICK UP CHILD

H #

C #

W #

HEALTH CARD NUMBER (optional)

CHILD'S PHYSICIAN / CLINIC

ADDRESS

H & W TELEPHONE

PREVIOUS COMMUNICABLE DISEASES

DATE

PREVIOUS ILLNESSES OR INJURIES

DATE

SPECIAL MEDICAL CONDITIONS

OR

KNOWN ALLERGIES

MEDICATION

SIBLINGS

FAMILY INFORMATION

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**PARENT CONSENT**

**EMERGENCY MEDICAL TREATMENT:** I give permission that in the case of an emergency, if I am not immediately available, that the physician selected by the child care centre may attend to my child. I also give my permission for my child to be transported to the emergency department of the nearest hospital with no liability on the driver's part.

**FIELD TRIPS:** I give my permission for my child to go on field trips, under the supervision of the child care centre staff. (Individually written per field trip or excursion.)

**PHOTOGRAPHS:** I give my permission to have pictures taken of my child while he/she is at the child care centre.

**SUNSCREEN SPF 30+** I give my permission to have my child wear sunscreen SPF +30 while he/she is at the child care centre. (Renewed Annually).

**PARENT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ADMISSION DATE** \_\_\_\_\_

**DISCHARGE DATE** \_\_\_\_\_