

Please describe the child's living arrangements:

Other than you, who has permission to pick up your child?

Name	Relationship	Address	Daytime Phone Number

If changing pick up arrangements parents must inform the facility prior to the child being picked up.

Is there anyone who does not have permission to pick up your child?

Name: _____

Name: _____

Name: _____

Appropriate paperwork such as custody papers must be attached if a parent is not permitted to have contact with the child. Please discuss with the operator/administrator.

Two emergency contacts (other than parents/guardians) Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached

Name	Relationship	Address	Daytime Phone Number

Child's Health Record

Please list any serious Allergies:

Are any of the above allergies severe enough to require Epipen, medications, or emergency treatment: Yes No

If yes, please complete an Allergy Management and Emergency Plan available from the Operator.

Please list any non-life threatening allergies:

Does your child require any essential routine services on a regular basis as part of a daily routine such as, catheterization, special hygiene procedures, on-going administration or medication, or ongoing observation of certain health conditions, such as diabetes, to determine when intervention is needed? Yes No

If yes, please complete an Essential Routine Services and Emergency Plan available from the operator.

Name of Medical Practitioner _____

Telephone Number _____

Address _____

Please Indicate if your child **has had** any of the following:

	Yes	No		Yes	No
Measles			Rubella		
Mumps			Chicken Pox		
Meningitis			Pertussis (Whooping Cough)		

Indicate if your child **has** any of the following?

	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		

Does your child take any medication on an ongoing basis? Yes No

If yes, you will be required to complete an Administration of Medication form

Immunization: In accordance with subsection 12(2) of the Reporting and Diseases Regulation-Public Health Act, proof of immunization must be provided for each child attending an early learning and childcare facility.

As stated in Operator Manual: Full Time and Part Time Early Learning and Child Care Centers 10.5

Proof of Immunizations: School-age children have their immunization records verified at the school by the Public Health Nurse, so operators are not required to have immunization records of school-age children.

Is your child enrolled in the public school system in New Brunswick? Yes No

Please list any activities your child cannot medically participate: _____

Please list an dietary restrictions (including those for medical, cultural, religious reasons):

Please advise the operator/administrator immediately of any changes to your child's health

Social/Developmental History

Has your child attended preschool/childcare before? Yes No

For how long? _____

Please describe your child's experience: _____

Does your child need help with any of the following?

Please describe	Yes	No		Yes	No
Dressing:			Toileting:		
Eating:			Handwashing:		

Any other hints or suggestions that will make your child's transition to the facility a positive one? _____

Tell us a few things about your child's interests: _____

Is there anything else you would like to share with us about your child? _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Information on this form is to be verified for accuracy annually. Please immediately advise the operator/administrator of any changes.