



Growing Strong Since 1972

Child Information Record Form

Child's Legal name: _____ Name commonly known as: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Languages known/spoken: _____	Family Health Number : _____ Personal Health Number: _____ Doctor's name: _____ Doctor's phone number: _____
Mother /Guardian	Father/Guardian
Name: _____ Home Address: _____ Mailing Address: _____ Home phone: _____ Cell: _____ <input type="checkbox"/> Text? Home Email: _____ Work/School name: _____ Work/School Phone: _____ Work/School Email: _____ Hours of Work : _____	Name: _____ Home Address: _____ Mailing Address: _____ Home phone: _____ Cell: _____ <input type="checkbox"/> Text? Home Email: _____ Work/School name: _____ Work/School Phone: _____ Work/School Email: _____ Hours of Work : _____
Designated Emergency Contacts Designate 2 people we can contact and release your child to in case of illness or an emergency if you are not available	
Name: _____ Home Address: _____ Mailing Address: _____ Home phone: _____ Cell: _____ <input type="checkbox"/> Text? Home Email: _____ Work/School name: _____ Work/School address: _____ Work/School Phone: _____ Work/School Email: _____	Name: _____ Home Address: _____ Mailing Address: _____ Home phone: _____ Cell: _____ <input type="checkbox"/> Text? Home Email: _____ Work/School name: _____ Work/School address: _____ Work/School Phone: _____ Work/School Email: _____
List of people with permission to pick up your child from Souris Cooperative Day Care Programs (please notify the programs if you will use and alternate pick up)	
_____ _____ _____	_____ _____ _____



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LIVING AND CUSTODY ARRANGEMENTS

Child Lives with: ☐ Mother ☐ Father ☐ Both ☐ Other (describe _____)

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangement for the child? ☐ Yes ☐ No

Have copies been provided to the programs? ☐ Yes ☐ No ☐ Will be provided ☐ Will not be provided

Souris Cooperative Early Learning cannot ask the police to enforce custody arrangements. A copy documents are attached? ☐ Yes ☐ No

If applicable, are there any informal custody arrangements? Please describe: _____

SCHOOL INFORMATION (if applicable)

Name of School: _____

Method of Transportation: _____

School Phone Number : _____

Any other information : _____

Name of Teacher: _____ Grade: _____

Describe any physical, development, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs.

Does your child have allergies to food, animals, medication, etc.? ☐ Yes ☐ No Describe: _____

Is your URIS form filled out and attached? ☐ Yes ☐ No *your child cannot attend without it.

Are there any cultural, religious or personal requirements or restrictions that we should be aware of?

☐ Yes ☐ No Describe: _____

Toilet Learning Please check all that apply to your child's present stage.

☐ completely capable

☐ asks to use the toilet

☐ in diapers

☐ will use the toilet if taken

☐ in underwear during the day

☐ will not use the toilet yet

Nap Children who do not nap rest on a mat or cot for 30 minutes.

I want my child to nap: ☐ Yes ☐ No

My child usually naps from ____ to ____

Is there any other information that may help us facilitate your child's transitions into Souris Cooperative Day Care Programs? (Special interests, specific like/dislikes, major changes with in family etc.) _____



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WRITTEN PERMISSION

I have read parent policy manual. I understand and agree to abide by these policies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will notify the facility immediately of any changes to the information provided on this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for outings (not requiring transportation in public vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
I give permission for my child's picture to be used in newsletters, centre's website and centre's Facebook page.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
I give permission for photographing and videotaping for purposes described in the parent manual.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
I give permission to discuss relevant information about my child's day with school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Additional information Souris Cooperative Early Learning Programs should know regarding the above permission _____ _____ _____	
Emergency Medical Transportation and Treatment If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the child care facility to take whatever emergency measures deemed necessary for the protection of my child while in the care of the child care facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in an ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.	
_____ Date _____ Signature _____ Parent name (please print)	_____ Date _____ Signature _____ Parent name (please print)
For facility use: Date of Enrolment: _____ Date of Withdrawal: _____ Fob Key: _____	