



# EMERGENCY FORM

Please complete and return to your program leader at the start of program.

Program Type:  Daycare  After School Care  Year Long Preschool  Summer Camp

## PERSONAL INFORMATION

CHILD'S Name:

Birthday:  Sex: M  F

Address:

CITY:  PROV:  PC:



### PHOTO OF CHILD

Required for all programs.

Please provide a current photo of your child.

### Parent/Guardian Emergency Contact #1

Name:

PHONE HOME:	<input type="text"/>	PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>		

### Parent/Guardian Emergency Contact #1

Name:

PHONE HOME:	<input type="text"/>	PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>		

CHILD'S Care Card Number:

CHILD'S Doctor:

CHILD'S Dentist:

Phone #:

Phone #:

## CHILD RELEASE

Children will NOT be released to anyone with out WRITTEN AUTHORIZATION from a parent/guardian. Please list ALL the people who are ALLOWED to pick up your child other than Parent/Guardian Listed above.

1.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
2.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
3.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>
4.	<input type="text"/>	Phone #:	<input type="text"/>	Relation:	<input type="text"/>

## COURT ORDERS

Are there currently any court orders related to your child's care in our program, including custody orders, pick up and drop off information etc.?

YES  NO   
If YES please attach to the back of this form.

DO NOT RELEASE Please list those who under any circumstances are NOT ALLOWED to pick up your child.

1.	<input type="text"/>	Relation:	<input type="text"/>
2.	<input type="text"/>	Relation:	<input type="text"/>

## HEALTH & SPECIAL CONSIDERATIONS

Does your child have any special health issues we need to be aware of? YES  NO

Allergies: \_\_\_\_\_

Dietary Needs/Restrictions: \_\_\_\_\_

Special Needs/Additional Support: \_\_\_\_\_

Other: \_\_\_\_\_

Staff may request your assistance in filling out a care plan to best meet the needs of your child.

## SWIMMING ABILITY

Please indicate your child's swimming ability:

### Strong Swimmer

Must be 7 Years and older

Have **COMPLETED** swim kids 4 or equivalent, OR can swim 25 metres comfortably and continuously in deep water

Child may swim in deep water/deep pool without lifejacket

### Moderate and Non-Swimmer

All children 6 Years and under

Children 7 and older who have **NOT** completed swim kids 4, OR cannot swim 25 metres comfortably and continuously in deep water

Child may use shallow pool only without lifejacket. Child must wear a lifejacket in deep pool.

COMMENTS: \_\_\_\_\_

A swim assessment may be performed by lifeguards to determine if your child can use deep pool.

Staff reserve the right to change swimming ability based on swim assessment.

## ADDITIONAL CONSENT

Please **INITIAL** each box and sign at the bottom to indicate you understand and **CONSENT TO** the following:

EMERGENCIES

I **CONSENT TO** a staff member calling a medical practitioner or ambulance for my child in the case of accident or illness if i cannot immediately be reached.

REFUND POLICY

I have **READ** and **UNDERSTAND** the refund policy as printed on my registration receipt.

FIELD TRIPS

I hereby **GIVE PERMISSION** for my child to participate in field trips.

PHOTOS

I **CONSENT TO** photos of my child (taken while in programs) for use in WSPR promotional material.

SUNSCREEN

I **CONSENT TO** my child participating in outdoor water activities without a t-shirt on or over their bathing suit.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

## BASIC IMMUNIZATION SCHEDULE

This section must be filled in with **EXACT DATES** for licensed programs.

I choose NOT to immunize my child and agree to temporarily withdraw my child from the program should the community be facing an epidemic.

My child is up to date on all immunizations and a record is attached or dates written below

	1st Visit @ 2 months	2nd Visit @ 2 months after 1st	3rd Visit @ 2 months after 2nd	4th Visit @ 12 months of age	4th Visit @ 12 months after 3rd	5-6 Years	Grade 6
DATE of Immunizations: >							



# REGISTRATION FORM

WSPR 10 MONTH PRESCHOOL

Please complete and return to your program leader at the start of program.

Current Family       Current Sibling       New Family

## PERSONAL INFORMATION

CHILD'S Name:

Birthday:  Sex: M  F

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ PC: \_\_\_\_\_

### Parent/Guardian Emergency Contact #1

### Parent/Guardian Emergency Contact #2

Name:

PHONE HOME:	<input type="text"/>	PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>		

Name:

PHONE HOME:	<input type="text"/>	PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>		

## PLEASE CHECK WHICH PROGRAMS YOU ARE REQUESTING:

**DISCOVERY PRESCHOOL**  
3-5 Years

**KINDERPREP**  
4-5 Years

**NATURE PRESCHOOL**  
3-5 Years

**INSIDE OUT**  
3-5 Years

M/W/F 9:00-12:00

M/W/F 9:00-1:00

M 9:00-12:00

M/W/F 9:00-1:00

T/TH 9:00 – 12:00

T/TH 9:00 1:00

T 9:00-12:00

T/TH 9:00 1:00

W 9:00-12:00

TH 9:00-12:00

F 9:00-12:00

By signing below, you acknowledge our Withdraw Policy as well as authorization for WSPR to debit my account or credit card on the 1<sup>st</sup> of each month.

Parent Name \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Date/time received \_\_\_\_\_ Staff initials \_\_\_\_\_ Done/email receipt

**Download the fill-able forms prior to completing and submitting**