

# Enrolment Form Countryside Preschool

## Child's Information

Child's Full Legal Name:	Birth date:	
Given Name to be Used in Preschool:	Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Address/Postal Code:	Today's Date:	
	Enrolment Date:	
	Class child enrolled in:	

## Family Information

Parent/Guardian Surname:	Given Name:	
Country of Birth:	Occupation:	
Address (if different from above):	Home Phone:	Work Phone:
	E-mail:	

Parent/Guardian Surname:	Given Name:	
Country of Birth:	Occupation: (Optional)	
Address (if different from above):	Home Phone:	Work Phone:
	E-mail:	

Number of Adults at Home: (Optional)	Languages Spoken at Home:
Name and Ages of Siblings at Home: (Optional)	

Custody of Child: Is there a written agreement or order with respect to custody of your child?

\*\* If yes copy needs to be attached \*\*

Yes

No

Child's favourite activities and previous group experiences:

Please identify any special problems:

Please explain the kind of guidance and control methods that your child responds to and other information which will help the Early Childhood Educator get to know your child's concerns, fears, interests and needs. Attach additional information, if necessary.

Have you been a member of a VIPCA or another Co-op preschool? If so, where and when? Has your family been involved in other group activities? (E.g. Parent/Tot Groups, LaLeche League, Church, etc.)

## Child's Health

BC Medical Services Plan Number:	Effective Date:
Family Physician Name: Address: Telephone:	Child's Dentist: Name: Address: Telephone:
General Health (check one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Medications Taken Regularly:
Allergies:	
Disabilities (vision, hearing, etc.):	
Serious Illness (past and current):	
Special Diet for health, religious or other reasons:	

### Duty Parent's BC Medical Service Plan Number:

Family Physician Name:  
Address:  
Telephone:

Parent/Guardians' Health:  
1:  Good    Fair    Poor  
2:  Good    Fair    Poor

Other Concerns:

## Immunization Record

Please complete the chart by entering the **DATES** your child received the immunizations indicated. You are welcome instead to attach a copy of the immunization record from the public health unit or your doctor, if that's easier.

### BASIC IMMUNIZATION SCHEDULE—Vancouver Island Health Authority

	1 <sup>st</sup> visit @ 2 mos.	2 <sup>nd</sup> visit 2 mo. After 1st	3 <sup>rd</sup> visit 2 mos. After 2nd	4 <sup>th</sup> visit 12 mos. of age	5 <sup>th</sup> visit 12 mo. After 3rd
Diphtheria	*	*	*		*
Pertussis	*	*	*		*
Tetanus	*	*	*		*
Poliomyelitis	*	*	*		*
HIB	*	*	*		*
Hepatitis B	* (1)	*(1)	*(1)		
Pneumococcal Conjugate	* (2)	*(2)	*(2)		*(2)
Measles/ Mumps/Rubella				*	
Meningococcal C Conjugate				* (3)(4)	

- (1) Hepatitis B immunization program for children born on or after Jan. 1, 2001
- (2) Pneumococcal Conjugate for children born on or after July 1, 2003
- (3) Meningococcal C Conjugate for children born on or after July 1, 2002
- (4) Varicella Vaccine (Chicken pox) available for anychild.

**Release Of Children**

Some parents may require other individuals to pick up their children from preschool during the year (e.g. nanny, grandparent). I authorize Countryside Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child \_\_\_\_\_ to the following adults:

<b>NAME:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b>

**EMERGENCY RELEASE**

In the event of an emergency or other major disaster, I \_\_\_\_\_, authorize Countryside Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child, \_\_\_\_\_ to the following adults. I understand that every effort will be made to contact me first.

<b>NAME:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b>

**PERSONS NOT PERMITTED TO PICK UP YOUR CHILD**

If this is in regards to a custody order, please include a copy of the order.

<b>NAME:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Special Interest

Does anyone in your family have any special interest or skills that may contribute to the school and children's classes?

Please circle.

Singing	Cooking	Dancing	Teaching	Hiking
Writing	Gardening	Woodworking	Photography	Pottery
Computer	Accounting	Publishing	Advertising	Drama/Actor
Raising animals	Sewing/Knitting	Beach combing	First Aid	Lawyer
Typing/ Word Processing	Media: Radio/TV/ Newspaper	Nurse/Doctor/ Dentist	Physiotherapist	Speech Pathologist
Arts/Crafts (specify)		Collecting (specify)		
Musical instruments (specify)		Customs & items of interest from various cultures		
Other				

### Please tell us about how you found about Countryside Preschool:

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### Other information

Please feel free to use the space below to share other information about your child or your family that you feel is important:

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