

Vancouver Island Cooperative Preschool Association

Summer Enrolment Form for Lambrick Park Preschool & Childcare

Child's Information

Child's Full Legal Name:	Birth date:
Name Child Responds To:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Today's Date:
	Camps Selected: (July 10-14, July 24-28, Aug 8-11, Aug 21-25)
Email Address:	

Family Information

Parent/Guardian Name:	Home Phone:
Home Address (if different from above):	Place of Work:
	Work Phone:
	Cell Phone:

Parent/Guardian Name:	Home Phone:
Home Address (if different from above):	Place of Work:
	Work Phone:
	Cell Phone:

Number of Adults at Home:	Languages Spoken at Home:
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Name(s) and Age(s) of Siblings at Home:

Has child had previous experience away from home? (Daycare, Preschool, Sunday school etc.) Dates of Attendance?

Do you think your child feels comfortable leaving parents <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
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Please explain the kind of guidance and methods that your child responds to and other information which will help the ECE get to know your child's concerns, fears, interests and needs. Attach additional information, if necessary.

Have you been a member of a VICPA or other co-op preschool? If so, where and when? Has your family been involved in other group activities? (e.g., Parent/Tot Groups, La Leche League, Church, etc.)
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Other Information: (Optional)

Child's Health

Medical Insurance Plan (MSP) Number:	Effective Date:
Family Physician: Name: Phone:	Child's Dentist: Name: Phone:
General Health (check one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Medications Taken Regularly:
Allergies: If yes, attach special instructions to follow in the event of an allergic reaction	
Does child have any know health problems/medical disabilities?	
Serious Illness (past and current):	Special Diet for health, religious or other reasons.
Parent's/Guardian's General Health (check one): 1. <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 2. <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Other Concerns:

Immunization Record

- My child has received immunizations.
(Attach Immunization Record – or record the **DATES** your child received the immunizations indicated)
- I choose not to have my child participate in the province's immunization program.

BASIC IMMUNIZATION SCHEDULE—VIHA SOUTH

	1 st visit – two months of age:	2 nd visit -two months after first visit:	3 rd visit - two months after second visit:	4 th visit - 12 months. of age:	5 th visit- 6 months after fourth visit:
DTaP-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Haemophilus Type B)	*	*	*		
DTap-IPB-Hib (Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Type B)					*
Rotavirus	*	*			
Pneumococcal Conjugate	*	*		*	
Meningococcal C Conjugate	*			*	
Measles/ Mumps/Rubella				*	
Varicella (Chicken pox)				*	
Other Immunizations					

Please Note: 1. Rotavirus was given to children born on or after November 1, 2011
2. The "*" indicates the current recommended schedule as of January 13, 2013

By my signature below I acknowledge the following:

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached.

Parent/Guardian Signature _____ Date _____

Release of Children

Some parents may require other individuals to pick up their children from preschool during the program year (e.g. nanny, grandparent, family friend). I authorize the Lambrick Park Preschool & Childcare (Early Childhood Educator or ECE substitute responsible in the school) to release my child, _____, to the following adults:

NAME:	ADDRESS:	TELEPHONE:

Signed: _____ Date: _____

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

If yes, a copy needs to be attached Yes No

Under no circumstance is my child to be released to the following person(s):

EMERGENCY RELEASE

In the event of an emergency or other major disaster, I _____, authorize Lambrick Park Preschool & Childcare (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.

NAME:	ADDRESS:	TELEPHONE:

Signed: _____ Date: _____

Please indicate which camp your child/children will be attending:

Science Week: July 10 to 14

Music Week: July 24 to 28

Muckin' & Messin': August 8 to 11

Island Explorers: August 21 to 25