

# 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 16-20, July 23-27, Aug 13-17, Aug 20-24)
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:
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Has child had previous experience away from home? (Daycare, Preschool, Sunday school etc.) Dates of Attendance?
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Do you think your child feels comfortable leaving parents Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.
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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)
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## 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

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

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:**

Theme \_\_\_\_\_, Week: July 16 to 20

Theme \_\_\_\_\_, Week: July 23 to 27

Theme \_\_\_\_\_, Week: August 13 to 17

Theme \_\_\_\_\_, Week: August 20 to 24