

## Wee Care @ Valley View El.

Last Name:	
First Name:	Middle Name:
Gender:	Grade & class:
Birth Date:	Start Date:
Nickname:	Email:

NAMES OF SIBLINGS & BIRTH DATES:

### PARENTS OR GUARDIANS

(1) Last Name:		First Name:	
Relationship to Child:			
Address:			
City:		Postal Code:	
Home Phone:		Work Phone:	
Employer:			
(2) Last Name:		First Name:	
Relationship to Child:			
Address:			
City:		Postal Code:	
Home Phone:		cell:	Work Phone:
Employer:			

### OTHER EMERGENCY CONTACT

Name:		Relationship to Child:	
Home Phone:		Work Phone:	

### AUTHORIZATION FOR PICKUP

Person's permitted to pick up my child are:		
Name	Address	Phone #

A parent/guardian's written authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released. The person picking up may be asked to produce photo identification.

Person's **NOT** permitted to pick up my child are:  
Please provide supporting documents.

## MEDICAL INFORMATION

Doctor	Office Phone
Address	
City:	Postal Code
Care Card No:	Child's Personal ID#:
Allergies:	
Medical Indications:	
Medication:	
<p>ADDITIONAL INFORMATION: Please indicate likes/dislikes, bathroom skills, special interests, etc.</p>	
<p>IMMUNIZATION: The Health Unit requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.</p> <p>Date received _____ Notes: _____</p>	
<p>EMERGENCY CONSENT: It is our policy of to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to have the child taken to the nearest emergency service.</p> <p>Please sign below so that we can take appropriate action on behalf of your child.</p> <p>I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.</p>	
print	Sign
Parent/Guardian Signature	
print	Sign
Date:	

Please indicate days required : MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_

check beside day & time

Before School : 7:00-8:40 \_\_\_\_\_ After School : 2:30 – 6:00 \_\_\_\_\_ Kinder Prep: \_\_\_\_\_

\*Early dismissal : 12:00 – 6:00 \_\_\_\_\_ \*Pro D Days : 7:00am-6:00pm \_\_\_\_\_

\*These days require separate sign up **one week prior** to arrange for appropriate staff and are billed in addition to regular day rates. Early dismissal days and Pro D Days must be paid in non-refundable cash upon registration for the day.

\*\*\* We require a recent photo of your child for our records. On the back of the photo, list any distinguishing marks, unique speech patterns, etc. This will be kept private in our emergency files, thank you.