



Admission Date _____

Discharge Date _____

Leaside United Campus

St. Cuthbert's Campus

EMERGENCY SHEET

Please Print - Each line must be completed or marked N/A

NAME OF CHILD:

Surname _____ Given Name _____ Name to be used _____

Street & Number _____ Postal Code _____

Date of Birth(D/M/Y) _____ Age _____ Sex _____

PARENTS OR GUARDIANS:

Mother's Name _____ Father's Name _____

Home Address _____ Home Address _____

Home Telephone _____ Home Telephone _____

Name of Business _____ Name of Business _____

Business address _____ Business address _____

Postal code _____ Postal Code _____

Business Telephone _____ Business telephone _____

Cell Phone _____ Cell Phone _____

E-mail address _____ E-mail address _____

Occupation _____ Occupation _____

****IN CASE OF EMERGENCY IF PARENTS CANNOT BE CONTACTED****

Name _____ Phone _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____ Phone _____

Address _____ Relationship _____

PEDIATRICIAN OR FAMILY DOCTOR (please include full address and phone number)

Name _____

Address _____ Postal Code _____

Phone _____

Other information: (Please describe – allergies, diet, physical or behaviour concerns)

Communicable Diseases: (Please check off and date any communicable diseases you child has had prior to attending nursery school)

NONE OF THE BELOW

Chicken pox _____ Red Measels _____ German Measels _____
Mumps _____ Scarlet Fever _____ Whooping Cough _____

LIST OTHER CHILDREN & PERSONS LIVING IN THE HOME (Please give age of siblings)

PREVIOUS EXPERIENCE IN PRE-SCHOOL/SCHOOL GROUPS OR PRIVATE CARE

Name of school or person _____ Date attended _____

PROGRAM REQUIRED

Number of half days – nursery school morning: 2 3 5

Full time Kindergarten afternoon Program Mon. to Fri

Jk Enrichment Program Tue/Thur Sk Enrichment Program Mon/Wed Tues/Thurs

If child attends Elementary School as part of their day please complete:

School _____ Teacher _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

UNDER NO CIRCUMSTANCES WILL ANY CHILD BE RELEASED TO ANYONE NOT KNOW TO THIS CENTRE WITHOUT VERBAL OR WRITTEN AUTHORIZATION FROM PARENTS

I agree to my child participating in all activities at Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. I authorize Mrs. Park's Nursery School Inc and/or Mrs. Park's School Too Inc to arrange first aid; CPR/medical attention for my child in circumstances staff consider an emergency. I waive all claims against Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. and staff, assistants, authorized contractors, volunteers and guests arising from my child's attendance at Mrs. Park's Nursery School and/or Mrs. Park's School Too Inc.

I hereby make application to enroll the above named child in this centre and I understand and agree to abide by all policies and regulations of the centre. Our policies are available on our website for review in the parent resource section. www.mrs-parksschool.com

Mother's (Guardian) Signature _____ Date _____
Father's (Guardian) Signature _____ Date _____