

Child's name _____ Birthdate _____

Address _____ Postal code _____

Parent/guardian name _____ Parent/guardian name _____

Address _____ Address _____

_____ Postal code _____ _____ Postal code _____

Preferred phone number _____ Preferred phone number _____

Alternate phone number _____ Alternate phone number _____

Work address _____ Work address _____

_____ Postal code _____ _____ Postal code _____

Work phone number _____ Work phone number _____

Emergency contact name _____

Phone number _____ Alternate phone _____

Physician's name _____ Phone number _____

To whom can the Day Home Educator release the child?

Name _____ Name _____

Does your child have any special needs? (behavioral, medical, developmental, dietary, hearing/vision etc.)

No Yes ► if yes, please explain _____

Immunization up-to-date yes no ► if no, reason _____

Note For the health and well-being of your child and others in the day home, it is necessary that immunizations be kept up-to-date. It is the parent's responsibility to ensure that this is done.

Please indicate any of the following reoccurring illnesses your child may have had:

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> chronic diarrhea | <input type="checkbox"/> colds (frequent) | <input type="checkbox"/> asthma |
| <input type="checkbox"/> convulsions (without fever) | <input type="checkbox"/> convulsions (with fever) | <input type="checkbox"/> croup |
| <input type="checkbox"/> eczema | <input type="checkbox"/> chronic ear infections | <input type="checkbox"/> other |

Please list any triggers associated with these illnesses _____

Allergies drug food other Please identify _____

Signature _____ Date _____

Collection and use of personal information

Personal information is collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County family day homes programming and operations. If you have any questions about the collection or use of this information, please contact the Family Resource Network Manager at 780-464-4044