

YOUNG ACHIEVERS DAYCARE SUMMER 2019

SCHOOL:

CHILD INFORMATION

First Name:	Date of Birth (m/d/y):
Last Name:	Age of Child:

MEDICAL INFORMATION

Doctor's Name:	Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO
Doctor's Phone Number:	
Doctor's Address:	Does your child have an Epipen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Health Card Number (optional):	If yes, please specify.


PARENT/GUARDIAN INFORMATION

Mother's Name:	Father's Name:
Home # : Cell # :	Home # : Cell # :
e-mail :	e-mail :
Home Address (including postal code):	Home Address (including postal code):
Place of Employment:	Place of Employment:
Work Number: Extension:	Work Number: Extension:
Work Address (including postal code):	Work Address (including postal code):
Tax Receipt : Yes No Both	Tax Receipt : Yes No Both

EMERGENCY CONTACT 1

Name:	Full Name	Relationship to Child
Phone Number:	1	
Address (including postal code):	2	
	3	
Relationship to Child:	4	

AUTHORIZED PICK-UP PEOPLE**EMERGENCY CONTACT 2**

CUSTODY AGREEMENT	
Name:	Please indicate who has custody 
Phone Number:	Mother and Father
Address (including postal code):	Mother only
	Father only
Relationship to Child:	Other:

 Parent Signature

 Date (m/d/y)

Does your child have any special <u>medication</u> information		Has your child being diagnosed with a medical condition	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate:		Please indicate:	
ADDITIONAL INFORMATION I.E. Child's likes, dislikes, interests, abilities, needs, family traditions or routines.			
OFFICE USE ONLY			
Start Date:		End Date:	

