

ALEPH-BET CHILD LIFE ENRICHMENT PROGRAM INC.

NURSERY PROGRAM

****All the information and signatures requested are mandatory.****
Please ensure that all the information you have provided is correct and current.

CHILD'S INFORMATION

| | | | |
|---|-------------|-------------------------|---|
| First Name | Middle Name | Last Name | Name Commonly Used |
| House/Apt # | Street | City | Postal Code |
| Date of Birth: (MM/DD/YYYY) ____/____/____ | | Languages known/spoken: | <input type="checkbox"/> Female <input type="checkbox"/> Male |

PARENT/GUARDIAN

PARENT/GUARDIAN

| | | | |
|--------------------------|--------------|--------------------------|--------------|
| First Name | Last Name | First Name | Last Name |
| House/Apt # | Street | City | Postal Code |
| Home Phone | Mobile Phone | Home Phone | Mobile Phone |
| Workplace or School Name | | Workplace or School Name | |
| Work/School Bldg # | Street | City | Postal Code |
| Work Phone # | Ext. | Work Phone # | Ext. |

ALTERNATE EMERGENCY CONTACT (Mandatory)

OTHER INDIVIDUALS WHO ARE PERMITTED TO PICK UP YOUR CHILD FROM THE PROGRAM

| | | | |
|--|---|--------------------------|--------------|
| <p align="center"><small>MUST be an adult, at least 18 years of age.</small></p> <p>A person we can contact in the event we are unable to reach parents/guardians in case of illness or an emergency. PHOTO ID REQUIRED.</p> | <p align="center"><small>MUST be a minimum of 12 years of age. PHOTO ID REQUIRED.</small></p> <p>Children may be released to individuals listed at any time. It is the responsibility of parents/guardians to inform staff of any changes to the pick up list.</p> | | |
| First Name | Last Name | First Name | Last Name |
| House/Apt # | Street | City | Postal Code |
| Home Phone | Mobile Phone | Home Phone | Mobile Phone |
| Workplace or School Name | | Workplace or School Name | |
| Work/School Bldg # | Street | City | Postal Code |
| Work Phone # | Ext. | Work Phone # | Ext. |

MEDICAL INFORMATION

MEDICAL NUMBERS

PHYSICIAN'S INFORMATION

| | |
|---|---|
| Family Registration # (6 digits): _____ | Name |
| PHIN (9 digits): _____ | Phone # |
| ALLERGIES | ASTHMA |
| Does your child have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your child have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list any source of allergens (e.g. food, medication, animals, environmental, etc.) | Please provide details: |
| | Does your child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the allergy life threatening (anaphylaxis)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please list asthma medications. |
| Was your child prescribed an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

OTHER CONDITIONS

Medical conditions/medications that we should be aware of:
 Restrictions (dietary, religious, etc.):

| FAMILY SITUATION | | |
|--|---|--|
| Who does the child reside with (e.g. mother, father, both parents, grandparents, foster family, etc)? | SIBLINGS | |
| | First Name | Age |
| | First Name | Age |
| Are there any court orders/documents outlining custody arrangements for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered YES, have copies been provided to Aleph-Bet? <input type="checkbox"/> Yes <input type="checkbox"/> No **Please be aware that Aleph-Bet cannot ask the authorities to enforce custody arrangements if legal documents are not provided.** | First Name | Age |
| | First Name | Age |
| | First Name | Age |
| Are there any other pertinent information (regarding your family) you feel may be helpful to the educators? | | |
| LEARNING AND DEVELOPMENT | | |
| Does your child have any developmental needs (e.g. social, emotional, language or motor delays, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | TOILETING | |
| Please provide details: | Is your child trained for urine? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Is your child trained for bowels? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How does your family assist your child at home? | What words do you use with your child for toileting? | |
| Does your child have any behavioural issues? <input type="checkbox"/> Yes <input type="checkbox"/> No | PREVIOUS PROGRAM EXPERIENCE | |
| Please provide details: | Has your child had previous experience in a similar preschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Please provide details (e.g. where, length of stay, positive/negative, etc.) | |
| Is your child currently receiving support for a developmental need, medical condition, or behavioural issue (e.g. therapists, speech pathologist, developmental counsellors, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does your child require an additional support staff to attend the Nursery program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| RELEASE FORMS | | |
| I/We have read and understand the Parent Policy Package provided to me by Aleph-Bet Child Life Enrichment Program Inc. and agree to abide by the policies as written. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I/We grant permission for my child to take part in daily outings (not requiring transportation in a private or public vehicle) organized by Aleph-Bet Child Life Enrichment Program Inc. I understand that if I do not want my child to participate in these outings, it will be my responsibility to make arrangements for my child to stay home. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I/We grant permission for photographs or video to be made that may or may not include pictures of my child. Photographs or videos will only be used as part of the program. These pictures may be distributed in the centre, to children who are leaving in "good-bye albums", or may be used for promotion or advertising of Aleph-Bet Child Life Enrichment Program Inc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I/We grant permission for photographs or videos to be made that may or may not include images of my child to be posted on the Aleph-Bet Child Life Enrichment Program Inc. official website www.alephbetdaycare.ca . | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I/We grant permission for my child's name to be posted on artwork, letters sent home, lists for invitations/cards to be sent home, and around the centre. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Parent/Guardian's Signature | Parent/Guardian's Printed Name | Date Signed |
| FOR OFFICE USE ONLY | Date of Enrollment | Date of Withdrawal |
| | | <input type="checkbox"/> Custody Order <input type="checkbox"/> Individual Health Care Plan |