

I have read, understand, and agree with the policies as stated in the J.O.Y. Preschool Handbook.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:			
Date payment received		Immunization Included	
Amount received		Exemption Form Complete	
Cash/Cheque		Waiver Signed	

**2020-2021 APPLICATION FORM – 3 year olds**

Please include a **recent** photograph of your child, with name on back of picture. (Photo will be returned.)

Name of child: \_\_\_\_\_  Male  Female

                    First                      Middle                      Last

Nickname preferred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicare #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

                    Month/Day/Year (It must be prior to December 31, 2017)

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Place of work: (father) \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Place of work: (mother) \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail : \_\_\_\_\_

Marital Status:  Single  Married  Common-Law  Widowed  Separated  Divorced

With whom has the child lived for most of the past year?  Mother  Father  Both  Guardian

Other (specify) \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_

Who has permission to pick your child up from the school? \_\_\_\_\_

\_\_\_\_\_  
If changing pick-up arrangements, parent(s) must call the school prior to the child being picked up.

Church attended?: Anglican  Baptist  Catholic   
Jehovah's Witness  Mormon  Pentecost   
Presbyterian  Wesleyan  None   
Other  \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Other people living in the home:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACTS ( MUST have 2, not including parents/guardians)**

**1. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PRESCHOOL/CHILD CARE HISTORY**

Has your child attended preschool/child care before?  Yes  No

If yes, for how long?  6 months  1 year  2 years  more than 2 years

Name of child's present or most recent preschool/child care center: \_\_\_\_\_

\_\_\_\_\_

**CHILD HEALTH RECORD**

**1. Immunizations:** In accordance with subsection 12(2) of the Reporting and Diseases Regulation – Public Health Act, proof of immunization must be provided for each child attending an early learning and childcare facility for the following:

- |            |                       |                              |
|------------|-----------------------|------------------------------|
| diphtheria | rubella               | mumps                        |
| tetanus    | varicella             | measles                      |
| polio      | meningococcal disease | Haemophilus influenza type B |
| pertussis  | pneumococcal disease  |                              |

**Where proof is not provided you must have the following waivers:**

- a medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or
- a written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister.

**Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.**

**Please refer to the updated Routine Immunization Schedule in your Parent Handbook.**

Immunization Record Included     Yes     No    Waiver Form Required     Yes     No  
 Exemption Form Required         Yes     No

**2. Medical History:** Please indicate if your child has had any of the following:

	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>

**3. (a) Health Status:** Please indicate if your child has any of the following:

	Yes	No	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**3. (b) Emergency Treatment:** No medication other than an Epipen – sent in by you for your child - will be administered by staff.

Instructions: \_\_\_\_\_  
\_\_\_\_\_

**4. Allergies - please list:**

a) medication: \_\_\_\_\_

b) other: \_\_\_\_\_

**CHILD DEVELOPMENT**

**1. Eyes** - Have you ever suspected that your child has vision problems?  
(i.e. holding books too close, constant rubbing of his/her eyes, lazy eye)  Yes  No

If yes, please explain: \_\_\_\_\_

**2. Ears** – Has your child had frequent ear infections?  Yes  No  
Have you ever suspected that your child has hearing problems?  
(i.e. turning volume up, lack of response to voice levels)  Yes  No

If yes, please explain: \_\_\_\_\_

**3. Communication and Speech**

Is your child’s speech easily understood by:

- you  Always  Mostly  Seldom
- children  Always  Mostly  Seldom
- other adults  Always  Mostly  Seldom

Does your child:

- follow simple 2-step directions  Yes  No
- use 2 – 5 word sentences  Yes  No
- ask and answer simple questions  Yes  No
- have a short conversation  Yes  No

Do you have any concerns regarding your child’s speech and communication skills? Has your child ever seen a Speech Pathologist?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Coordination**

Has your child ever had trouble walking, climbing, reaching, holding on to things?  
 Yes  No

Has your child ever had any significant injuries for which he/she was hospitalized?  
 Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**CHILD’S INTERESTS**

Does your child:

- play with blocks, boxes, cups, or other construction toys without help?  Yes  No
- use crayons and/or markers to scribble?  Yes  No
- use crayons and/or markers to draw?  Yes  No
- listen to stories being read?  Yes  No
- turn pages of a book and look at pictures?  Yes  No
- recall stories or events?  Yes  No
- enjoy playing alone or with imaginary friends?  Yes  No
- talk with your friends/relatives who come to visit?  Yes  No
- follow simple, age appropriate directions?  Yes  No

Explanation of above if desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had opportunities to play with other children? (i.e. church, neighbours, play groups, relatives)  Yes  No

Further comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an effort to be sensitive to your child and their needs, we would like to know a little about him/her (i.e. interests, behaviour, concerns, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J.O.Y. Preschool 349 Main Street, Hartland, NB E7P 2N1 Phone: (506) 375-6594 ext. 213

**Parental Consent for Emergency Care and Transportation**

Name of Child: \_\_\_\_\_

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the Operator, Administrator, or Staff of J.O.Y. Preschool to take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

*Rebecca Libby*  
Administrator

**Consent/Release Forms**

I (we) \_\_\_\_\_, the Parent(s)/guardian(s)

of \_\_\_\_\_, authorize the Administrator, or Staff of J.O.Y.

Preschool to:

1.  Yes  No As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning. I give permission for my child to be able to participate in the walking trips off the premises.
2.  Yes  No Take photos/videos to share with parents, display on bulletin boards, and/or show on the big screen in the church sanctuary.
3.  Yes  No Share photos/videos, for publicity purposes ie: J.O.Y. Preschool Facebook Page, newspaper, brochure or other means, possibly taken by reporters and/or photographers.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date