

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 – 4 year olds

Class preferred, if we run two classes: Morning __ Afternoon __ Either __

If necessary for enrollment, would you be willing to go into the other class? Yes __ No __

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, 2016)

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? Yes No
(i.e. turning volume up, lack of response to voice levels)

If yes, please explain: _____

3. Communication and Speech - Is your child’s speech easily understood by:
- you Always Mostly Seldom
- other adults Always Mostly Seldom
- children Always Mostly Seldom

Does your child – follow 3-step directions Yes No
- ask lots of questions Yes No
- use endings on words (eg. Running, jumped, books) Yes No
- tell a short story 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.)

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 Discuss my (our) child's developmental progress with future Kindergarten teachers.
2. 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.
3. Yes No Take photos/videos to share with parents, display on bulletin boards, and/or show on the big screen in the church sanctuary.
4. 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