

Joey's Out of School Care



Days Attending:	Start Date:	End Date:
Child's Name:		M F
Birthdate:		
Address:		

Parent's Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Work Place:		
Parent's Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Work Place:		

Persons authorized to pick-up child, other than parent:		
1	2	3
Persons unauthorized to pick-up child:		
1	2	3

Emergency Contact:	Phone:
Child's Medical Number:	
Family Physician:	Phone:
Dentist:	Phone:
General Health:	
Allergies (food, drugs, animals, bees, etc.)	
Serious Illness/Handicaps:	
Name, age and sex of siblings:	

(Please complete back of form)



Child's previous experience in a group:		
Further information which will help staff to know your child's fears, concerns, interests and needs:		
What do you hope your child will gain from his/her daycare experience:		
Is your child immunized? (check one)	Yes:	No:

Fees: <i>Fees are non-refundable in the event of any absences. We require 7 days notice to cancel a space and receive a full refund.</i>	
Signed:	Dated:

Permission Slip: Upon occasion the staff of Joey's Out of School Care will take your child on walks or field trips. You will be notified in advance of any field trips which will be taken. I authorize the staff of Joey's Out of School Care to take my child on walks or field trips.	
Signed:	Dated:

Consent Form: It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action. We will take the signed consent with us to the hospital. <i>I authorize the staff or person in charge of Joey's Out of School Care to call a physician, take my child to the nearest emergency centre, or summon an ambulance for emergency medical aid, should in the opinion of the person in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be my sole responsibility.</i>	
Signed:	Dated:
Witness:	Dated: