



Junior Scholars Preschool

APPLICATION FORM

**Please be sure to complete all information.*

Name of Child:		Admission Date:	
Surname	Given Names		
Street Address	City	Postal Code	

Date of Birth				
Day:	Month:	Year:	Age:	Gender:

Parents/Guardians

<i>Parent 1</i>	<i>Parent 2</i>
Name	Name
Relationship	Relationship
Home Address	Home Address
Home #	Home #
Cell #	Cell #
Name of Business	Name of Business
Business Address	Business Address
Business #	Business #

In case of emergency, if parents cannot be contacted:

Name	Phone #	Relationship
Name	Phone #	Relationship

Pediatrician or Family Doctor

Name	Phone
Street Address	City Postal Code

List other children living in the home:
Previous experience in pre-school or home care:
Programme required:
Full day Half day (a.m.) Kindergarten

Persons Authorized to Pick Up Child:

Name	Relationship
Home #	Business/Cell #

Name	Relationship
Home #	Business/Cell #

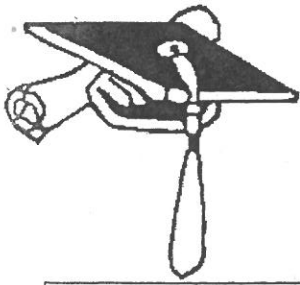
Under no circumstances will any child be released to anyone not known to Junior Scholars Preschool without verbal or written authorization from parent or guardian.

I hereby make application to enroll my child in this Centre and I understand and to agree to abide by all policies and regulations of the Centre.

Parent/Guardian Signature: _____

Date: _____

Date of Discharge: _____



Junior Scholars Preschool

MEDICAL FORM

Name of Child:		Date:
Surname	Given Names	
Street Address	City	Postal Code

Date of Birth				
Day:	Month:	Year:	Age:	Gender:

Previous illnesses (mark with an X):

- | | | | |
|-----------------|--------------------------|--|--------------------------|
| German Measles | <input type="checkbox"/> | Poliomyelitis | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | Small Pox | <input type="checkbox"/> |
| Whooping Cough | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Scarlet Fever | <input type="checkbox"/> | Eczema | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Allergies* (list allergies in box below) | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | Reactions to Bites/Stings | <input type="checkbox"/> |
| Diphtheria | <input type="checkbox"/> | Other** (be specific in box below) | <input type="checkbox"/> |

*Allergies - please list and describe:

**Other - please be specific with any other previous illnesses:

Does your child have any physical limitations?

Yes

No

If yes, please describe:

Has your child ever had?

Dental Check-up

Yes

No

If yes, provide date: _____

Hearing Checked

Yes

No

If yes, provide date: _____

Eyes Tested

Yes

No

If yes, provide date: _____

Is your child currently under any medical treatment?

Yes

No

If yes, state medications if any:

Has your child ever been assessed?

Yes

No

If yes, state reason for assessment:

Please list any additional information pertinent to your child's health history:

**** Please provide two (2) copies of your child's immunization form.**



Junior Scholars Preschool

EMERGENCY CARD

Name of Child			
D.O.B: Day	Month	Year	Home #
Child's Address			

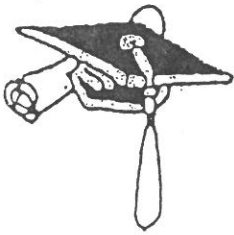
PARENT 1: Name		Relationship
Home #	Home Address (if different than child's)	
Cell #		
Work #		
Work Address		

PARENT 2: Name		Relationship
Home #	Home Address (if different than child's)	
Cell #		
Work #		
Work Address		

Physician Name	Physician #
Physician Address	
Allergies	

Emergency Contact	Relationship
Home #	Work/Cell #

Emergency Contact	Relationship
Home #	Work/Cell #



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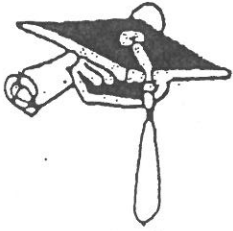
CONSENT FORM

I hereby permit my child/children to participate in occasional neighborhood walks with authorized staff. Furthermore, I hereby permit my child /children to be photographed while involved in activities. These photographs may be displayed only within Junior Scholars Preschool.

Signature of Parent/Guardian: _____

Child/Children's name: _____

Date: _____



Junior Scholars Preschool

PARENT CONSENT FOR MEDICAL TREATMENT

While every possible effort will be made to reach parents in the event of an accident or medical emergency we require your permission to authorize any doctor to give necessary treatment to your child.

In the event of an emergency I hereby consent to the transportation of my child to the nearest medical facility, via ambulance or taxi. I consent to medical treatment as deemed necessary by the attending physician. I release Junior Scholars Preschool from any liability in the transportation and/or treatment of my child.

Signature of Parent/Guardian: _____

Child/Children's name: _____

Date: _____

JUNIOR SCHOLARS PRESCHOOL

Parent Agreement

I/we _____ have read, understood and agree with the criteria outlined in the Junior Scholars Information Package. I/we understand that failure to comply may result in my child's dismissal of the Preschool.

Date: _____

Parent/ Guardian signature:

Supervisor's signature: _____

Please initial that you have read, and when necessary filled out the forms mentioned below,

- List of Closures _____ Health and Illness Policy _____
- Late Pick Up _____ Inclement Weather _____
- Fee information _____ Immunization information _____
- Parent consent form _____ Application _____
- Medical Form _____