

Describe any physical, developmental, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs.

Does your child have allergies to food, animals, medication etc.? Yes No

If yes, please describe:

Are the allergies life-threatening (anaphylaxis)? Yes No

If yes, please describe:

Are there any cultural, religious or personal requirements or restrictions that we should be aware of? Yes No

If yes, please describe:

Is there any other information that may help us facilitate your child's transition into the preschool program? (special interests, specific likes/dislikes, major changes within the family, etc.)

WRITTEN PERMISSION
Parent Policy Manual Available at Orientation

Emergency Medical Transportation and Treatment

- If at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize West Kildonan Tiny Tots to take whatever emergency measures deemed necessary for the protection of my child while in the care of the childcare facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that this may involve transportation to the hospital in a private vehicle or ambulance. I understand that the facility will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.
- I have read the parent policy manual. I understand and agree to abide by these policies.
- I have read the code of conduct. I understand and agree to abide by the code of conduct.
- I will notify the facility immediately of any change to the information provided on this form.
- I give permission for outings (not requiring transportation in private or public vehicle).
- I give permission for photographing and videotaping for purposes described in the parent manual.

Date:	Date:
Parent Name (please print):	Parent Name (please print):
Signature:	Signature:
For Facility Use Only:	
Date Of Enrolment:	Class: <input type="checkbox"/> M/W/F am <input type="checkbox"/> M/W/F pm
Date of Withdrawal:	Class: <input type="checkbox"/> T/TH am <input type="checkbox"/> T/TH pm