Name of Child _____
Surname First Name Nickname

Date of Birth _____ **Age** _____
Month Day Year

Female _____ **Male** _____ **Child lives with:** _____
(Both parents, mother, father, guardian, grandparents etc., at the address below.)

Address _____
Apartment # House number Street

_____
City Postal Code

Home Telephone Number _____ **Cell Phone Number**_____

Email Address _____

Mother's Name _____

Occupation _____

Work Phone _____

Father's Name _____

Occupation _____

Work Phone _____

Marital Status of Parents _____

Which class do you prefer? Monday/Wednesday _____

Tuesday/Thursday _____

Background Information:
List brothers and sisters and their ages:

_____

_____

Are there other members of the household? _____

If so, list name, age, and relationship? _____

Does your child nap during the day? _____

When and for how long? _____

What time does your child go to bed at night? _____

What time does your child get up in the morning? _____

Does your child have any special fears? _____

Does your child have any problems with seeing or hearing? _____

How much television does your child watch each day? _____

What are your child's favourite activities? _____

What language do you speak at home? _____

What is your child's cultural background? (We would appreciate having this information because one of our high school student assignments is on cultural diversity.)

_____

Use this space for any other information that you think is necessary for us to know about your child.

_____

_____

_____

Medical
List allergies_____

If it is a food allergy, such as milk or eggs, can your child have it cooked/baked/processed in another product?

_____

Please note: If your child has diet restrictions, we may not be able to accommodate you. Jack James Preschool is a part of a high school training program for Child Care students and we are not equipped to handle special needs.

List cultural food restrictions_____

Does your child have any health problems? _____

Does your child take any medication? _____

Child's Alberta Health Care Number _____

Child's Immunizations are up to date ____yes ____no

Are there any special medical, physical, or emotional needs that the school should be aware of? _____

_____

Name of **Alternate Person** to contact in case of emergency:

Name _____ Relationship to the child_____

Address _____

Telephone Number _____

Parent/Guardian Agreements (please initial in the space provided)

1. I, the parent/guardian, authorize Jack James Preschool to obtain immediate medical care in the event that I cannot be reached in an emergency_____.
2. I, the parent/guardian, authorize Jack James Preschool to take my child on short walking field trips within 3 city blocks from the Preschool _____.
3. I, the parent/guardian, authorize Jack James Preschool/High School to take and post photographs and/or videos of my child participating in activities. Such photos/videos may be posted in the classroom, distributed to high school students working with the child and/or placed in the school year book. No names will be used_____.
4. I, the parent/guardian, authorize Jack James Preschool to take pictures of my child participating in daily activities and post them on Jack James Preschool social media platforms including Facebook and Instagram. No names will be used_____.
5. I have read Jack James Preschool policies (including fees, vacations, withdrawals, medical and discipline). I understand and agree to these policies as a condition of my child's participation in Jack James Preschool_____.

Signature of Parent/Legal Guardian_____ Date_____