

Vancouver Island Cooperative Preschool Association

Standard Enrolment Form For _____ Preschool

Child's Information

Child's Full Legal Name:	Birth date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name to be Used in Preschool:	Class child enrolled in:	
Address/Postal Code:	Today's Date:	
	Enrolment Date:	
	Completion/withdrawal Date:	

Family Information

Parent/Guardian Surname:	Given Name:
Country of Birth:	Occupation:
Address <i>(if different from above)</i> :	Home Phone:
	Work/Cell Phone:
Email Address: <i>(Please provide an address which is checked frequently)</i>	

Parent/Guardian Surname:	Given Name:
Country of Birth:	Occupation:
Address <i>(if different from above)</i> :	Home Phone:
	Work/Cell Phone:

Name and ages of siblings at home: <i>(Optional)</i>	Languages Spoken at home:
Child's favourite activities and previous group experiences:	
Please identify any special problems:	
Please explain the kind of guidance and control methods that your child responds to and other information which will help the Early Childhood Educator get to know your child's concerns, fears, interests and needs. Attach additional information, if necessary.	
Have you been a member of a VIPCA or other Coop preschool? If so, where and when? Has your family been involved in other group activities? <i>(E.g. Parent/Tot Groups, LaLeche League, Church, etc.)</i>	
Other Information: <i>(Optional)</i>	

Child's Health

Medical Insurance Plan Number:	Effective Date:
Family Physician Name: Telephone:	Child's Dentist: Name: Telephone:
General Health (<i>check one</i>): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Medications Taken Regularly:
Allergies:	
Disabilities (<i>vision, hearing, etc.</i>):	
Serious Illness (<i>past and current</i>):	
Special Diet for health, religious or other reasons:	
Parent/Guardians' Health: 1: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 2: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Other Concerns:

Immunization Record

- My child has received immunizations. On the chart, enter the **DATES** your child received the immunizations indicated.
- I choose not to have my child participate in the province's immunization program.

Signed: _____

Date: _____

BASIC IMMUNIZATION SCHEDULE—VIHA SOUTH

	1 st visit @ 2 mos.	2 nd visit 2 mo. After 1st	3 rd visit 2 mos. After 2nd	4 th visit 12 mos. of age	5 th visit 6 mos. After 4th
DTaP-HB-IPV-Hib (Diphtheria, Tetnus, Pertussis, Hepatitis B, Polio, Haemophilus Type b)	✓	✓	✓		
DTaP-IPV-Hib (Diphtheria, Tetnus, Pertussis, Polio, Haemophilus Type b)					✓
Rotavirus	✓	✓			
Pneumococcal Conjugate	✓	✓		✓	
Meningococcal C Conjugate	✓			✓	
MMR (Measles, Mumps, Rubella)				✓	
Varicella (Chickenpox)				✓	

Please Note:

- Rotavirus for children born on or after Nov 1, 2011
- The check marks indicate the current recommended schedule as of January 2013

Release Of Children

Some parents may require other individuals to pick up their children from preschool during the year (e.g. nanny, grandparent). I authorize _____ Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child _____ to the following adults:

NAME:	ADDRESS:	TELEPHONE:

Signed: _____

Date: _____

EMERGENCY RELEASE

In the event of an emergency or other major disaster, I _____, authorize _____ Preschool (Early Childhood Educator or ECE substitute responsible in the school) to release my child, _____ to the following adults. I understand that every effort will be made to contact me first.

NAME:	ADDRESS:	TELEPHONE:

Signed: _____

Date: _____

Under no circumstances is my child to be released to the following person(s):

Custody of Child: Is there a written agreement or order with respect to custody of your child?

**** If yes copy needs to be attached **** Yes No