

# JAMES NISBET NURSERY SCHOOL CHILD INFORMATION FORM

**ALL INFORMATION & SIGNATURE REQUESTED ARE MANDATORY.**

**YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN THE PROGRAM UNTIL ALL NECESSARY INFORMATION IS PROVIDED.**

**PLEASE MAKE SURE ALL INFORMATION IS CURRENT & CORRECT.**

## CHILD'S INFORMATION

First Name	Middle Name	Last Name
House/Apt.#	Street	City
		Postal Code
		Name commonly used
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: Month: _____ Day: _____ Year: _____
		Languages known/spoken

### PARENT/GUARDIAN

### PARENT/GUARDIAN

First Name	Last Name	Relationship to child
House/Apt. #	Street	City = Winnipeg
Home Phone		Postal Code
List one Email for contact purposes		----- No Email Required -----
Cell Phone	Can you receive text messages <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workplace or School Name	Work Phone	
Address/Bldg #	Street	City

**(These details are only required if the parents live in separate dwellings)**  
List House/Apt. # & Street City = Wpg

**(These details are required if the parents live in SEPERATE dwellings)**  
Home Phone & Postal Code

**DESIGNATED EMERGENCY CONTACT  
(MUST BE AN ADULF 18 YEARS OF AGE OR OLDER)**  
THIS IS A PERSON WE CAN CONTACT  
AND RELEASE YOUR CHILD TO IN CASE OF ILLNESS OR  
EMERGENCY IF YOU ARE NOT AVAILABLE TO COME

**LIST OTHER PEOPLE  
WHO HAVE PERMISSION TO PICK UP YOUR CHILD  
FROM THE NURSERY SCHOOL  
(MUST BE AN ADULT 18 YEARS OF AGE OR OLDER)**

First Name	Last Name
House/Apt. #	Street
	City
Email	Relationship to child
Home Phone	Cell Phone
Workplace	
Address/Bldg #	Street
	City
Work Phone	
Is this person allowed to pick up your child in a non-emergency situation? ___Yes ___No	

## MEDICAL INFORMATION

Family health number (6 digits) _____	Child's Doctor _____
Personal health number _____	Phone number _____

Please list any **MEDICAL CONDITIONS OR MEDICATIONS** your child regularly takes either at home or at the Nursery School  
(This information will be given to medical staff in case of emergency)

LIVING AND CUSTODY ARRANGEMENTS		TOILETING DETAILS
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other Describe: _____ If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No Have copies been provided to the Nursery School? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you aware that the Nursery School cannot ask the police to enforce custody arrangements if documents are not provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, are there any informal custody arrangements? Please describe: _____		All enrolled children are required to independently use the washroom facilities.  My child may need additional assistance with: <input type="checkbox"/> prompts or reminders <input type="checkbox"/> fasteners, buttons, or zippers <input type="checkbox"/> wiping and/or washing hands
FAMILY SITUATIONS	PREVIOUS SCHOOL EXPERIENCE	
Please list names and ages of brothers/sisters	If your child attended nursery or similar program please list:	
ALLERGIES	ASTHMA	
Does your child have allergies to food, animals, medication, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ If so, are the allergies life-threatening (Anaphylaxis) <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have an Epi Pen to leave at nursery <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Known Triggers: _____  Does your child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list asthma medications: _____	
Describe any physical, emotional, developmental, cultural or other conditions relevant to the care of your child		
Are there any cultural, religious or personal requirements or restrictions that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____  Does your child have any emotional, developmental (ie: speech, motor skills delay, etc.) or other conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently receiving services from specialists (i.e.: speech pathologist, child development, occupational/physical therapist)? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____  Does your child require an additional support staff to attend Nursery School? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____		
WRITTEN PERMISSION		
I have read the James Nisbet Nursery School Information Package and the James Nisbet Nursery School Code of Conduct. I understand and agree to abide by the policies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand immediate withdrawal will be imposed if my child frequently soils themselves.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand immediate withdrawal will be imposed if my family chooses to disregard the parking guidelines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand withdrawal may occur should my child exhibit safety and/or behavioural concerns.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will notify the facility immediately of any changes to the information provided on this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for outings (not requiring transportation in a private or public vehicle).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for my child to ride in a school bus in the case of building evacuation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for photographing & videotaping for purposes described in the information package.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(It is a James Nisbet Nursery School Policy that all photos taken by parents at the nursery school are to be printed for home use only. Posting of photos on internet sites, social networks, e-mails, etc. is <b>strictly prohibited</b>. On occasion, staff and board members may request written permission from parents to use nursery school photos for advertising purposes. Your child's photo will not appear in nursery school advertisements without your written consent.) <b>Please see Information Package for full Appropriate Use of Technology Policy</b></i>		
Date: _____ Parent's Name (please print): _____ Signature: _____		
Emergency Medical Transportation and Treatment		
If, at any time, medical treatment is necessary due to a serious injury or sudden illness, I authorize the Nursery School to take whatever emergency measures deemed necessary for the protection of my child while in the care of the Nursery School. 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 Nursery School will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.		
Date: _____ Parent Name (please print): _____ Signature: _____		