

Kids Choice

Intake Form

Please have completed and handed into Director min. 48 hours prior to start date.

Start Date: _____

Child's Name: _____ Birthdate: _____
(First, middle, last)

Guardian 1 Name: _____ Guardian 2 Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Hours of Work: _____ Hours of Work: _____

Business Phone: _____ Business Phone: _____

Email: _____ Email: _____

Marital Status:

Single__ Married__ Separated__ Divorced__ Widowed__ Common Law__

PART ONE:

1) Emergency Contact Persons: Other than Parents: Must supply two contacts.

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Relationship to child: _____ Relationship to child: _____

Does the child feel comfortable
with this person? _____ Does the child feel comfortable
with this person? _____

Mode of Transportation: _____ Mode of Transportation: _____

2) Authorized Persons to whom Child may be released:

(Other than emergency contacts)

1. _____ 2. _____

Please phone if this child is to be picked up by someone other than you.

3) Is there anyone **NOT ALLOWED** access to your child?

1. Name: _____ 2. Name: _____

Relationship to child _____ Relationship to child _____

IF this person did appear, how is your child likely to react? IF this person did appear, how is your child likely to react?

(Happy, sad, excited, frightened withdrawn, etc.) (Happy, sad, excited, frightened withdrawn, etc.)

Are there any problems with this person that we should be aware of? Are there any problems with this person that we should be aware of?

If no access is allowed, do you have a court order? YES___ NO___ If no access is allowed, do you have a court order? YES___ NO___

(If you have any court order, we MUST have a copy of it on file.)

4) If Divorced or Separated:

How long has this been? _____

Does your ex-spouse have contact with your child? _____

How is you child likely to react the day BEFORE and the day AFTER contact?

Does your child understand the situation? _____

5) Are there other adults who are important in your child's life? _____

6) Any special family circumstances that we should be aware of? _____

7) Are there any other children in the family?

Name: _____ Age: _____ M F Live with: _____

Name: _____ Age: _____ M F Live with: _____

Name: _____ Age: _____ M F Live with: _____

During the day are they in: School _____

Daycare/Day Home _____

Other _____

PART TWO: HEALTH INFORMATION

(a copy of this portion will be supplied to room staff prior to start date)

ALBERTA Health Care Number: _____

Child's Physician _____ Address: _____

Physician's Phone Number: _____

1. Is your child's immunization up to date? Yes ____ No ____ (please provide a copy with intake form for child's file. If No, please state reason why (e.g. Religion, personal beliefs, etc.) _____)
2. Is your child able to totally participate in an active daycare program, including Outdoor play? Yes ____ No ____
3. Does your child have any physical handicap, which we should be aware of?

If Yes, please state _____

Are there any special medical requirements? _____

4. Does your child have any speech problems? Yes ____ No ____

If Yes, is child going to therapy? _____

Contact Person: _____ Phone number: _____

5. How is your child's general health? _____

Is your child on any daily medication? _____

Does he/she take this willingly or is there a special routine for administering the medication? _____

****Any medications or herbal remedies that need to be administered by child care staff require a medication form.***

6. List history of Illness (include dates if possible):

- _____
- _____
- _____
- _____
- _____

7. ALLERGIES and or dietary restrictions:

Food _____

Medical _____

Other _____

How does your child react when in contact with said allergen? _____

What immediate first aid should be undertaken? _____

PART THREE:

(a copy of this portion will be supplied to room staff prior to start date)

- 1) Do you celebrate birthdays in your family? Yes _____ No _____ Any special celebration or cultural belief? _____
- 2) Does your child speak another language? If so which language: _____
- 3) How does your child react to INJURY/ILLNESS? _____
- 4) What is your usual method of discipline? _____
What is your child's usual reaction when disciplined? _____
- 5) What is your child's favorite toy? _____
- 6) What activities does your child enjoy doing when playing alone? _____
- 7) What activities does your child enjoy doing when playing with others? _____
- 8) Does your child enjoy other children? Yes _____ No _____
Or does your child prefer adult company? Yes _____ No _____
- 9) What types of activities do YOU enjoy doing with your child? _____
- 10) Does your child enjoy outdoor play? Yes _____ No _____
- 11) Does your child have a diagnosis or diagnoses? If yes please provide details: _____
- 12) Does your child have any fears? Yes _____ No _____
Please describe the fear and how he/she is likely to react. _____
- 13) General Concerns re: health or behavior _____
- 14) Please write any other comments that you may have regarding the care of your Child or any goals that you would like your child to work on _____

PART FOUR:

IMMUNIZATION:

Please sign below if your child's immunization records are up to date and supply a photocopy for your child's file.

Parent's Signature

Date

PARENTAL PERMISSION

I _____ give permission for my child _____
_____ to go on walks around the neighborhood. I also give my permission
for my child to play in the neighborhood and in the attached playgrounds under the
supervision of the staff of Kids Choice.

Parent's Signature

Date

RE: PERMISSION TO SEEK MEDICAL ATTENTION

In case of a medical emergency, I _____ understand that
every effort will be made to contact the parent/legal guardian of my child, _____

In the event of emergency or medical situation that neither parents/legal guardian can be contacted, I give my
permission to the staff of Kids Choice to seek medical attention in whichever way they believe to be
appropriate. I agree to be responsible for any costs that may be incurred from any such action taken.

Parent's signature

Date

We/I have read and understood the parent handbook (which can be found on our
website) describing the Centre's policies and procedures. I agree to the terms and
conditions as described.

Yes No