

Christopher Robin's Playhouse & Childcare Centre Child Profile/Emergency Information Summer 2018

General Information:

First name(s) of child: _____ Last name of child: _____
Name child prefers: _____ Circle: Male/Female
Birthdate: DAY/MONTH/YEAR Age: AS OF JULY 1/2017 Weight: _____ lbs. Height: _____ in.
Home address: _____ City: _____ Postal code: _____
Home phone number: _____ - _____ - _____

Child's shoe size: _____ Last swim level completed: _____ Facility obtained: _____

Parent/Guardian Information:

Child resides with: (please circle) Mother Father Both Other: _____

Parent/Guardian #1:

First & Last name: _____
Relationship to child: _____
Home address: _____ IF DIFFERENT FROM ABOVE
City: _____ IF DIFFERENT Postal code: _____ IF DIFFERENT
Home phone: _____ IF DIFFERENT FROM ABOVE
Business phone: _____
Cell phone: _____
Email: _____
Authorized to pick child up? Yes No

Parent/Guardian #2:

First & Last name: _____
Relationship to child: _____
Home address: _____ IF DIFFERENT FROM ABOVE
City: _____ IF DIFFERENT Postal code: _____ IF DIFFERENT
Home phone: _____ IF DIFFERENT FROM ABOVE
Business phone: _____
Cell phone: _____
Email: _____
Authorized to pick child up? Yes No

Are there any divorce, separation, custody issues or court orders in place? Yes No
If so, please provide the program with a copy of any court orders or documents if not already on file.

Is there anyone not allowed accessing the child? Yes No

If so, name of person(s): _____

Emergency Contact:

Physical Address must be filled out. Parents are considered first contacts/must be someone other than anyone listed above.

First & last name: _____ Address: _____ FULL PHYSICAL ADDRESS REQUIRED
City: _____ Postal code: _____ Relationship to child: _____
Home telephone: _____ Bus. or cell phone: _____
Authorized to pick child up? Yes No

To whom, other than yourself and those listed above may your child be released?

Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

Emergency/Medical Information:

Doctor/Clinic Name: _____ Telephone: _____
Address: _____ FULL PHYSICAL ADDRESS REQUIRED _____ City: _____ Postal code: _____
Child's AHC #: _____ Is your child immunized? Yes No

Does your child have any medical conditions, or have they had any major surgeries, or injuries that could effect participation in the Program? Yes No **If so, please describe below:**

Does your child have any allergies? Yes No **If so, please indicate below:**

Allergy/Sensitivity:	Reaction:	Treatment:	Last Known Date of Reaction & Treatment:

Does your child have any special needs, fears or requirements that we should be aware of to better care for your child? Yes No **If so, please describe. (Copies of your child's IPP or any other speech/OT documents are helpful, but not mandatory)**

Does your child have any medication that has to be administered by our staff during Program hours? Yes No

Does your child have any medication that has to be administered by themselves during Program hours? Yes No

***If you answered yes to either of these questions, please ensure you fill out a Medication Sheet or Self Administering Medication Sheet.**

I believe that the information contained in this Child Profile is accurate and up to date. I understand that I am responsible for informing Christopher Robin's regarding any changes that might affect my child's care.

Signature of Parent or Guardian

Date Signed

Christopher Robin's Playhouse & Childcare Centre

Parent Agreements Summer 2018

Parent/Guardian MUST initial the following agreements and sign below indicating your consent:

----- INITIAL -----
I have read and understand the Policies & Procedures as stated in the Parent Handbook and give permission for CRPACC to care for my child & allow my child to play with the toys/materials in the Program.

----- INITIAL -----
I have read and understood the Parent Camp Information Sheet and understand that these terms and conditions over ride any differences found in the Parent Handbook for Summer Programs only.

----- INITIAL -----
I agree to send my child with the required items outlined on the itinerary along with weather appropriate clothing.

----- INITIAL -----
I give permission for my child to engage in outdoor activities & play at the Elizabeth Barrett School Playground & school field area or go on a nearby walk on the pathway system or to Cochrane Ranche under the direct supervision of CRPACC Staff. This includes but is not limited to nature play in streams, ponds and forest areas.

----- INITIAL -----
I give permission, in a medical emergency for Staff to administer any necessary First Aid and to call for emergency transportation at the Program's discretion. Any costs endured will be my full responsibility.

----- INITIAL -----
I give permission for the staff of CRPACC, to apply sunscreen & bug spray to my child at the Staff's discretion.

----- INITIAL -----
I understand CRPACC is a peanut-free facility due to the large numbers of children with allergies, and agree to not send peanut containing food products with my child.

----- INITIAL -----
I have read and understood and the Child Guidance Policy as well as the Behaviour Policies & Procedures as stated in Parent Handbook & Parent Info Sheet and agree to the terms & conditions.

----- INITIAL -----
I agree to pay the required fees for the Program's services and that late fees, termination and collections may result with non-payments or over due accounts. Upon acceptance of my child to CRPACC I understand that the Program must receive fees in full or a non-refundable deposit of \$25/camp and post dated cheques for all remaining fees.

----- INITIAL -----
I understand that if my child is picked up after 6:00pm I will be subject to a late fee of \$1.00 per minute payable directly to the staff having to remain in the Centre with my child.

----- INITIAL -----
I understand that camp hours are from 9am-4pm daily and that any care required before or after these times require additional fees and that I will automatically be charged \$20 for aftercare if I am later than 4pm and my child wasn't registered for the aftercare component.

----- INITIAL -----
I give my child permission to have his/her photograph/film taken by the staff of the program. These photographs/films may be used for the Program's display only. (Facebook, website, advertising etc.) If the program wants to use any photograph/films for educational information or newspaper human-interest stories, that I will be notified and permission will be needed for such use.

Signature of Parent or Guardian

Date Signed