

**INSTRUCTIONS:** Please complete this form in full. Do not leave spaces blank. Put N/A where fields are not applicable to you or your child.

## ABOUT THE CHILD

**Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
First Name Last Name Month Day Year

**Address** \_\_\_\_\_ **ON** \_\_\_\_\_  
No. Street City Prov Postal Code

**Initial Program/Schedule at Owl:** \_\_\_\_\_

### Custody/Access Details:

Resides with  Mother  Father  Both  Other: \_\_\_\_\_  
 Type of Custody:  N/A  Sole/Full  Joint  Shared  Other: \_\_\_\_\_  
 Custody Papers on File:  No  Yes ( Court Order,  Separation Agreement,  Other) Staff: If yes, upload to Sandbox

## PARENT/GUARDIAN 1

## PARENT/GUARDIAN 2

Full Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Home Address:  Same as child; if not list below  Same as child; if not list below  
No. and Street \_\_\_\_\_  
City/Postal Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Mobile Phone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Add to Email List?  Yes  No  Yes  No  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Work Address: Street/City \_\_\_\_\_

## EMERGENCY CONTACTS

Please provide 2 emergency contacts (other than the parent/guardians) who can be contacted in the event of an emergency and are authorized for pick up.

### Emergency Contact 1

### Emergency Contact 2

Full Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 In which city? \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_

## AUTHORIZED INDIVIDUALS WHO CAN PICK UP YOUR CHILD (in addition to parents/emergency contacts)

Name	Age if under 18	Relationship to Child	Home #	Work #	Ext.	Cell #

A Code Question and Answer must be on file. This will be used if a Parent/Guardian calls in to verify their identify when they wish to send someone else for pick up that is not already on the Authorized Pick up List. The individual will then be required to show Photo ID upon pick up. You may then update your list later. Examples of Code Questions include: What is your mother's maiden name? Where were you born?)

**Code Question** \_\_\_\_\_ **Answer** \_\_\_\_\_

**My child may not be released to:** \_\_\_\_\_

Court papers must be on file if a Parent/Guardian is listed here.

CHILD'S NAME

**Child's Health Information**

Is your child immunized?  Yes, attach Immunization Record  No, attach Exemption

Does your child require medications to be administered while at Owl?

Yes  No; If yes, please obtain and complete an Administration of Medication form from the Supervisor.

List Allergies \_\_\_\_\_

Life-threatening?  EpiPen?

Life-threatening?  EpiPen?

Life-threatening?  EpiPen?

*If your child requires an Epi-pen, an Individual Anaphylaxis Plan and Administration of Medication forms are required.*

Does your child have a medic alert bracelet, necklace?  Yes  No

Please describe any special medical or additional information that would be helpful in an emergency:

**Dietary Restrictions**

History of Communicable	Type _____	Date _____
Disease & Conditions	Type _____	Date _____
requiring medical attention:	Type _____	Date _____

The curriculum/program offered by Owl Child Care may include structured learning time, fine and gross motor skills, physical activity, field trips, etc. **Does your child have any physical** (e.g., rest/exercise restrictions, diabetes, asthma), **cognitive, emotional or behavioural limitations/challenges that would require assistance and/or modifications to the program** to enable him or her to participate fully?  Yes  No

*If yes, please explain below so that the staff can request resources to maximize your child's success in our program:*

**Informed Consent: Please initial under the appropriate column and sign the bottom.**

	I give permission	I DO NOT give permission	Permissions Required
Initials required {			I give permission for my child to participate in walks in the immediate area with Owl Child Care staff that occur while he/she is in attendance.
			I give permission for Owl Child Care Services to apply sunscreen on my child. Owl uses a brand that is a minimum of SPF 30 and looks for sunscreen that is non-greasy, fragrance-free, hypoallergenic and protects against UVA and UVB rays (broad spectrum). The specific brand and SPF may change from time to time. A notice will be posted or e-mailed.
			I give permission for Owl Child Care Services to apply topical lotions/ointments (e.g., diaper cream, moisturizer, lip balm), if applicable, and provided by me.
<p>I am the legal guardian of the child and have the authority to enter into this agreement. I verify that the information on this form is true and correct. I understand that it is my responsibility to ensure that family members or caregivers whose personal information I am providing to Owl have consented to this disclosure. I understand that it is my responsibility to keep the centre informed of any changes to information within a reasonable timeframe.  <i>One parent/guardian signature is acceptable, except where a court order/agreement exists that requires both signatures.</i></p>			
Custodial parent/guardian's Signature _____		Date _____	Parent/guardian Signature _____
			Date _____

**For Office Use Only**

Date of Admission \_\_\_\_\_  Set up in Sandbox  Constant Contact  Image Release  
 Last Day in Attendance \_\_\_\_\_  Termination Form Sent to AD