

# Kids on the Beach Daycare

## Enrolment / Emergency Information

Date of Enrolment: \_\_\_\_\_

Child's Information	
Last name	First name
Date of Birth <small>(dd/mm/yyyy)</small>	Healthcare Number
Home phone #	House #
Mailing address	

Guardian Information	
<b>Guardian # 1</b>	
Last name	First Name
Home Phone#	Cell #
Work/School phone#	Relation to child
Legal Sole Guardian : YES or NO	
<b>Guardian # 2</b>	
Last name	First Name
Home Phone#	Cell #
Work/School phone#	Relation to child

Emergency Contacts	
<i>In the event of emergency after trying to contact the Legal Guardians we need to have the minimum of one alternative located within Iqaluit that may pick the child up.</i>	
<b>Emergency Contact Persons</b>	
E.C.P # 1 Name	Daytime Phone #
E.C.P # 2 Name	Daytime Phone #

Pick Up List	
<i>Additional People who are authorized to pick up the child that are NOT the legal Guardians</i>	
# 1 Name	Phone Number
Relation to Child	
# 2 Name	Phone Number
Relation to Child	
# 3 Name	Phone Number
Relation to Child	

**VERY IMPORTANT**

**DOES THE CHILD HAVE ANY ALLERGIES to FOOD or MEDICINES?**

so, Please list and explain

**DOES THE CHILD HAVE ANY MEDICAL CONDITIONS?**

so, Please list and explain

**Waiver for Medical Treatment**

I, (guardian's name) \_\_\_\_\_ hereby certify that Kids on the Beach Daycare may obtain or provide medical treatment for (Name of Child) \_\_\_\_\_ in the event of an emergency, accident or illness.

Signature:

Date:

**Waiver for Excursions**

I, (guardian's name) \_\_\_\_\_ hereby give permission for (Name of Child) \_\_\_\_\_ to participate in outings with the Daycare Centre.

Signature:

Date:

**Waiver to obtain Immunization Records**

According to the regulations set out by the Child Daycare Act, we need every child's immunization records on file. We would appreciate a photocopy of the child's records.

I, (guardian's name) \_\_\_\_\_ hereby give permission for Kids on the Beach Daycare may obtain Immunization Records for (Name of Child) \_\_\_\_\_ from the Local Public Health Office.

Signature:

Date:

**Waiver For Photography**

I, (guardian's name) \_\_\_\_\_ hereby give consent to allow (Name of Child) \_\_\_\_\_ to be photographed and displayed by Kids on the Beach Daycare staff.

For a special event may your child be photographed by the local newspaper.

YES / NO

Yes only if name is not given

Signature:

Date: