

Little Red Schoolhouse Society

Enrollment Form

Date of Enrolment: _____ Date of Withdrawal: _____

Full Name of Child: _____

Birthdate: _____

Name of Parent/Guardian: (1) _____

(2) _____

Address (Incl PCode): _____

Telephone No.: HOME: (1) _____ CELL: _____

(2) _____

Place of work: (1) _____ Tel: _____

(2) _____ Tel: _____

Email Address: (1) _____

(2) _____

Please provide at least one address that you wish to use for Little Red communications. (Special days, field trips, etc...)

Custody Orders: NO _____ YES _____

(If YES, Please attach documentation)

Is there any individual not authorized to pick up your child? If so, we will speak with you directly about it.

NO _____ YES _____

Tell Us About Your Child

1. Has your child had previous experience away from home? NO _____ YES _____

If YES, tell us about it.

2. What are your child's interests and favourite activities? _____

3. Names of other children in family: _____ Age: _____

4. Other Adults at Home: _____ Languages Spoken at Home: _____

5. Special information that we should know about your child – Fears, concerns, needs...

6. Does anyone in your family have any special skills or interests that might be shared with our class on occasion? (ie. yoga instructor, musician, firefighter, construction, gardening, arts, photography etc.)

Health Information for: _____

Care Card Number: _____

Family Doctor: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____

Does your child have any health issues or a depressed immune system? NO ___ YES ___

Please explain: _____

List any communicable diseases your child has had: _____

Has your child had any recent injuries or illnesses? NO ___ YES ___

If YES, please explain _____

Does your child require any regular medications? NO ____ YES ____

If YES, please explain: _____

Does your child have any allergies? NO ____ YES ____

If YES, please explain:

Any special diet or food sensitivities?

Emergency Services:

I authorize Little Red staff to obtain Physician and/or Ambulance services for my child in the event of an emergency.

Signature of Parents/Guardian: _____ Date: _____

Record of Immunization:

(Please complete the chart or attach a copy of your child's immunization record.)

Child's Name: _____

1st Visit – 2 months of age: Date (yy/mm/dd):	4th Visit – 12 months of age: Date (yy/mm/dd):
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (HIB)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	
<input type="checkbox"/> Meningococcal C Conjugate	
2nd Visit – 2 months after 1st visit: Date (yy/mm/dd):	5th Visit – 12 months after 3rd visit: Date (yy/mm/dd):
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Polio	<input type="checkbox"/> Polio
<input type="checkbox"/> Haemophilus Influenza Type b (HIB)	<input type="checkbox"/> Haemophilus Influenza Type b (HIB)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Pneumococcal Conjugate

3rd Visit – 2 months after 2nd visit: Date (yy/mm/dd):	Other Immunizations: Date (yy/mm/dd):
<input type="checkbox"/> Diphtheria	
<input type="checkbox"/> Pertussis	
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	
<input type="checkbox"/> Haemophilus Influenza Type b (HIB)	
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	

If you have chosen to not immunize your child, please print and sign your name to the statement below:

My child, _____, has not been immunized.

Parent / Guardian's name: _____

Signature: _____

Photo/Documentation Consent:

To support our program and each family's experience, educators and children will work together to document our learning and experiences. We may take photos, video recordings, and audio recordings in our class, which will be used in the schoolhouse, and occasionally within newsletters/emails. We may also use photographs taken in class to share some of our program's activities and projects on our website, <http://LittleRedSchoolhouse.ca> .

I, _____, consent to the recording and documentation of my child, _____, by way of (please check) photographs, audio recordings, and/or video recordings, for the purposes outlined above.

Signature: _____ Date: _____

Contact Sharing Consent:

I, _____, consent to the given phone numbers and email addresses being included in a class contact list, for the purpose of communication between Little Red families and staff.

Signature: _____ Date: _____