

Little Explorers Registration Form

Child's Full Name: _____

Birthdate: Year _____ Month _____ Day _____

Home Phone Number: _____

Address: _____

Town: _____ Postal Code: _____

Mother's Name: _____ Work Phone: _____

Place of Employment: _____

Address of Employment: _____

Father's Name: _____ Work Phone: _____

Place of Employment: _____

Address of Employment: _____

Name, Address, and Phone Number of those other than parents who may be collecting child from program:

1. _____

2. _____

IN CASE OF AN EMERGENCY in which I cannot be contacted, my emergency contacts are:

1. Name: _____

Phone: _____

Address: _____

Relationship: _____

2. Name: _____

Phone: _____

Address: _____

Relationship: _____

- NO child will be released to a person not authorized by a parent to pick up the child. Little Explorers staff must have written or verbal authorization in this respect.

Medical and Emergency Information Form

Child's Alberta Health Care Number: _____

Name of Child's Physician: _____

Address of Medical Center: _____ Phone: _____

My child's immunization records are at: _____

Please place an "X" if your child has suffered from any of the following:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |

Please describe any existing medical conditions your child has, as well as any physical conditions you would like to comment on. (ex. wears glasses, diabetes, heart murmur, poor hearing, etc.).

Major operations if any: _____

Other information: _____

In the event of an emergency, when I am not available, I/We authorize the administration of any medical procedure deemed necessary by my doctor, or if unavailable, by any other physician selected by my child's Little Explorers leaders.

Date: _____ Signature(s): _____

Illness/Medical Information Form

Known Allergies and Treatments if required:

Allergy:

Treatment:

1. _____

2. _____

3. _____

4. _____

Are there any foods which should NOT be given to your child? If so, please list:

Please list any medications your child is taking regularly and the condition that it is taken for:

Medication

Condition

1) _____

2) _____

3) _____

4) _____

Please date and sign the completed form:

Date _____

Signature(s): _____

**** Parents, please note that all the forms must be completely filled out. Incomplete forms will not be accepted.***

Permission Form for Field Trips

I give permission for my child, _____, to go on neighbourhood walks and on various community field trips with the Little Explorers Staff. I understand that the children and Little Explorers Staff will walk to each of these locations and that I do not hold the Little Explorers program or it's staff liable for any injury my child may sustain.

Signature(s): _____

Date: _____

Permission Form for Photographs and Artwork

I give permission for my child, _____, to be photographed while participating in activities co-ordinated by the Little Explorers program. I understand that artwork created within this program may be displayed and that the photographs taken may be used for advertising purposes.

Signature(s): _____

Date: _____