

**SUTHERLAND PRESCHOOL**  
Registration Information

**Child Photo**  
Please attach a 2x3  
head and shoulder  
photo of the child.  
Computer photos are  
acceptable.  
(exact size not shown here)

**Child and Parent Information**

Name of Child: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parents: Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Parents in Home: Both \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
Siblings Names: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

**Parent/Guardian Place of Work:**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Days/Hours of Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Work: \_\_\_\_\_ Days/Hours of Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Persons Authorized to Pick Up Child and/or be Contacted  
In Case of Emergency**

Parent or Guardian are automatically authorized to pick up child unless access denied by court order (in this case written documentation must be supplied)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Medical Information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Carecard #: \_\_\_\_\_ Date Effective (Y/M/D) \_\_\_\_\_

Special Medications: \_\_\_\_\_  
Vision / Hearing / Speech Problems: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
Religious Affiliation (if applicable): \_\_\_\_\_  
Parents' Comments (if any): \_\_\_\_\_  
\_\_\_\_\_

## Permission for Emergency Medical Aid in Case of Accident/Illness

I, \_\_\_\_\_ give permission to Sutherland Preschool to call a physician, ambulance, obtain emergency medical care in the case of accident or illness involving my child \_\_\_\_\_ when I cannot be reached immediately.

Date \_\_\_\_\_ Signature Parent/Guardian \_\_\_\_\_

### **HEALTH HISTORY FORM**

Name Of Child: \_\_\_\_\_

#### **IMMUNIZATION HISTORY: (dates required)**

	<b>Dose #1</b>	<b>Dose #2</b>	<b>Dose #3</b>	<b>Dose #4</b>
1. Pentacel	_____	_____	_____	_____
2. MMR(Measles, Mumps, Rubella)	_____	_____	_____	_____
3. Hepatitis	_____	_____	_____	_____
4. Pneumococcal Conjugate (Pevnar)	_____	_____	_____	_____
5. Meningococcal Conjugate	_____	_____	_____	_____
6. Varicella (Chicken Pox)	_____	_____	_____	_____
7. Other (specify)	_____	_____	_____	_____

Does your child have any condition that may require emergency care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Indicate any special concerns you may have about your child (e.g. speech, vision, hearing, behavior etc.)

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I give permission to the staff at Sutherland Preschool to take my child's picture during the school year. I understand that these pictures will be used for school related activities.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission to the staff at Sutherland Preschool to include my child's name, address, telephone number and names of parents on a list that will be sent home to all parents for the purpose of arranging outside-of-school activities.

YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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Do not fill in this section

School year: \_\_\_\_\_

Class registered in: Tues./Thurs. 3's \_\_\_\_\_ Wed./ Fri. 3's \_\_\_\_\_  
Mon./Tues./Thurs. 4's \_\_\_\_\_ Mon. /Wed./ Fri. 4's \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ P.D. Cheque (Aug. 1) \_\_\_\_\_