

Hammonds Plains Children's Centre

ForestKids Early Learning

1 Yankeetown Road, Hammonds Plains, NS, Canada B3Z 1K7
Phone 902 835 1804 Fax 902 835 4156 forestkids.ca terri@forestkids.ca

Application Form and Release Waiver

Date of application _____

Child's name _____

Child's date of birth (Month/Day/Year) _____

Parent/Guardian #1 Name _____

Parent/Guardian #2 Name _____

Address Street _____

City _____ Postal Code _____

Scheduling Information

First day at Hammonds Plains Children's Centre (date) _____

Child Care Requested: (check off days and times desired)

Days: Monday __ Tuesday __ Wednesday __ Thursday __ Friday __

Time: AM __ PM __ Lunch __ Before School __ After School __

Contact Information

Parent/Guardian #1

Parent/Guardian #2

Name

Home Phone () ()

Cell Phone () ()

Work Phone () ()

Email

Persons other than parent/guardian authorized to call for the child

	Person #1	Person #2
<i>Name</i>		
<i>Relationship</i>		
<i>Home Phone</i>	()	()
<i>Cell Phone</i>	()	()
<i>Work Phone</i>	()	()

Emergency Contacts (other than parent/guardian)

	Person #1	Person #2
<i>Name</i>		
<i>Relationship</i>		
<i>Home Phone</i>	()	()
<i>Cell Phone</i>	()	()
<i>Work Phone</i>	()	()

Outings Consent (Please sign)

I/we give authorization for my/our child to go on outings including going to the woods for the ForestKids program providing they are accompanied by qualified staff.

Parent's signature(s) _____

Picture Consent (Please sign)

I/we give my/our consent for my/our child's picture to be the on HPCC website and our Facebook page. I realize that there will be no names posted with the pictures.

Parent's signature(s) _____

Parent Consent for Emergency Care and Transportation (Please sign)

Name of Child: _____ Date: _____

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize Hammonds Plains Children's Centre and its staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance.

If possible, the hospital will be _____, or the physician's office will be:

Physician Name _____ Phone _____

Address _____

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent's signature _____

Centre Director's signature _____

Personal Information and Electronic Documents Act

Hammonds Plains Children's Centre will not disclose any information given on this application form. All information will be kept confidential.