

**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.