



Summer - Eté - 2018

CHILD'S GENERAL INFORMATION

Child's First & Last Name: _____ Date of Birth (mm/dd/yyyy): _____ Grade: _____
Address: _____ City: _____ St: _____ Zip: _____

For the following Summer Camp 2018 dates (June 1st to August 10th)

- JUNE: from _____ to _____
 JULY: from _____ to _____
 AUGUST: from _____ to _____

Child is normally in care on the following days and times:

- 5 days/week (M-F) 3 days/week (M, W, F) **[only Crèche & TPS]** 2 days/week (T, Th) **[only Crèche & TPS]**
 Regular hours only (8:30am-4:00pm) Before care (7:00am-8:30am) After care (4:00pm-6:30pm)

Water Activities: I hereby grant do not grant consent for my child to participate in Water Activities
 Sprinkler Play Splashing/Wading Ponds Water Table Play

PARENTS/GUARDIANS INFORMATION

Mother/Guardian Full Name: _____
Email Address: _____
Home phone: _____ Mobile phone: _____ Work phone: _____

Father/Guardian Full Name: _____
Email Address: _____
Home phone: _____ Mobile phone: _____ Work phone: _____

EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

Primary Emergency Contact's name: _____
Relationship: _____ Phone: _____
Secondary Emergency Contact's name: _____
Relationship: _____ Phone: _____

I hereby authorize the childcare Center to allow my child to leave the child care Center ONLY the following person(s) Please list name and telephone number of each person so authorized. Children will only be released to a parent of a person designated by the parent(s)/guardian after verification of ID. No Exceptions

1. _____ 2. _____ 3. _____
Phone for 1. _____ Phone for 2. _____ Phone for 3. _____

Child's Physician: _____
Address: _____ Phone: _____

Please provide a copy of your child's immunization record.



Summer Camper Assessment Form

Summer Camper's first & last name: Date of Birth:

Email Address: Home Phone Number:

1. General information:

Primary Language:	Secondary Language:
Third Language:	Fourth Language:
Time your child goes to bed:	Time your child wakes up:
Does your child nap? For how long?	How long is your commute?

2. Health:

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

4. Family:

Tell us about your family (i.e. child's parents, siblings and extended family)	
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5. List previous Child Care Schools attended and location (state, country, etc.)

..... Location

..... Location

..... Location

Parents

Why are you interested in having your child enrolled in a French “immersion” program?

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Do you speak French? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you read French? <input type="checkbox"/> Yes <input type="checkbox"/> No	Understand French <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other languages you speak or have a working knowledge of:

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I verify that the above assessment was discussed with the parent(s) of:

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child’s assessment.

Signature of Parent

Date Signed