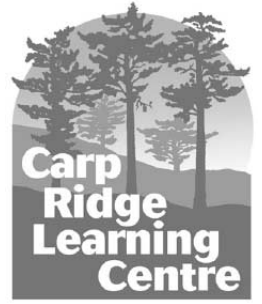


Carp Ridge Forest Preschool Child Registration Form



Last Name: _____

First Name: _____ Middle Name: _____

Birth Date: _____ Nickname: _____

Start Date: _____

DAYS REQUIRED: *Please circle the appropriate days.*

Monday

Tuesday

Wednesday

Thursday

Friday

PARENTS OR GUARDIANS:

#1 Last Name: _____ First name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Relationship to Child: _____

#2 Last Name: _____ First name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Relationship to Child: _____

OTHER EMERGENCY CONTACT:

Last Name: _____ First name: _____

Relationship to Child: _____ Work/Home Phone: _____

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf:

Name: _____ Address: _____

Phone: _____

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION:

Doctor: _____ Office Phone: _____

Address: _____ Community: _____

Medical Ins. #: _____ Postal Code: _____

Child's Personal ID#: _____ Allergies: _____

Medical Problems: _____

Medication: _____

Carp Ridge Forest Preschool Child Registration Form, pg 2

ADDITIONAL INFORMATION: *Please indicate likes/dislikes, potty training, special interests, etc:*

PHOTO CONSENT:

Carp Ridge Forest Preschool may wish to take pictures or video of the children at various times throughout the year. The intended use of pictures would be to promote our program, or supply an educational audience with a visual concept of what a Forest Preschool is like (Examples of this use could be newspapers, magazines, parent handbooks, or educational journals).

Please indicate below whether or not you authorize Carp Ridge Forest Preschool to use your child's picture for public display.

I hereby do / do not authorize Carp Ridge Learning Centre to use _____
picture for public display. *(Print name of child)*

Parent/Guardian Signature

Print Name

Date

EMERGENCY CONSENT:

It is our policy of to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD, _____
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF
OF MY CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED.

I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY.

I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Parent/Guardian Signature

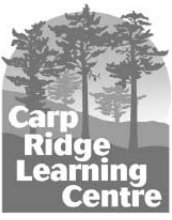
Print Name

Print Name

Date: _____

Date: _____

ANY ADDITIONAL NOTES:



Carp Ridge Forest Preschool Parent Questionnaire

2386 Thomas Dolan Parkway, Carp Ontario , K0A 1L0

Phone: 613-839-1179 Fax: 613-839-3909

programs@ecowellness.com

Child's Name: _____ Parent's Name(s): _____

Child's DOB: _____ Home Address: _____

Referred by: _____ Phone: _____

Today's Date: _____ Email: _____

1) What do you wish your child to gain from taking part in an outdoor preschool?

2) How often does your child spend in nature or outdoor play? Describe regular and/or favourite activities.

3) What is pleasurable and/or easy for you regarding your child's personality?

4) What can be challenging for you regarding your child's personality?

5) Does your child have any siblings? If yes, what are their names and ages?

6) How do you and/or your family deal with discipline?

7) Are you comfortable with your child getting wet and/or dirty? *(Please note: They will get wet and dirty.)*

Carp Ridge Forest Preschool Parent Questionnaire, pg 2

8) What fears might you have about nature?

9) What is something you would like or think I should know about your child?

10) Does your child have a difficult time separating from you and is this a concern for you?

11) How do you feel about your child using the 'bathroom' in mother nature?

12) Could you describe your connection to nature?

13) Is your child receiving any form of counselling we should be aware of?

Please note: *We ask this with the utmost respect knowing that this awareness will assist us in creating safer and more accessible spaces for your child and that of their peers.*

Thank you for sharing with us. This information will be kept confidential while being used by authorized personnel to design program and interact with your child in a respectful, caring way.

Start Date: _____