



Oakville Parent-Child Centre

SUMMERTIME NURSERY SCHOOL

COOL KIDS CAMP

CHILD'S INFORMATION FORM

summer registration

Summer 2017

Child's Name:									
First	Last	Commonly Used Name							
<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year						
Month	Day	Year							
Date of Birth:									
Address:			Sex: M <input type="checkbox"/> F <input type="checkbox"/>						
Town:	Postal Code:	Home Phone#:							

Parent/Guardian: _____ Home Phone #: _____
First Last

Home Address: _____

Cell Phone: _____ Occupation: _____

Place of Business: _____ Bus. Phone #: _____

Business Address: _____

E-mail Address: _____ Relationship to Child: _____
Please print neatly

Parent/Guardian: _____ Home Phone #: _____
First Last

Home Address: _____

Cell Phone: _____ Occupation: _____

Place of Business: _____ Bus. Phone #: _____

Business Address: _____

E-mail Address: _____ Relationship to Child: _____
Please print neatly

Are both parents authorized to pick the child up? Yes No If no, please explain:

In the case of emergency, I give permission to the staff of Oakville Parent-Child Centre to authorize necessary medical treatment for my child.

Signature: _____ **Date:** _____

Please complete the reverse side of this form...

The information being collected is for the sole use of OPCC (including its staff and representatives) and may be used to communicate with you. Personal information will not be shared or sold to any third parties, without your consent, except in instances where we are required to do so in accordance with health and safety requirements or other legal obligations.



Please give the names, addresses and telephone numbers of **three (3)** local friends or relatives that would assume responsibility for your child in the event of emergency, or who are authorized to pick your child up.

1.	Name:	Daytime Phone #:	Cell Phone #:
	Address:		Relationship to child:
2.	Name:	Daytime Phone #:	Cell Phone #:
	Address:		Relationship to child:
3.	Name:	Daytime Phone #:	Cell Phone #:
	Address:		Relationship to child:

Family Doctor: _____ Telephone #: _____

Address: _____

Previous Communicable Diseases: _____ Dietary Restrictions: _____

Special medical condition or known allergies: _____ Language(s) Spoken: _____

Does your child have an epipen? ___ Does your child have a rescue reliever inhaler? ___ Home use only? ___

Are you involved or on the waiting list for: speech services integration services ErinoakKids ROCK

Development Consultant Halton Region other: _____

RECORD OF IMMUNIZATION: If your child is not being immunized, please contact the office and request a "Statement of Conscience".

Date			Pertussis	Diphtheria	Tetanus	Polio	Measles	Mumps	Rubella	Haemophilus B
Year	Month	Day								

General Information Booklet

I have read and understand the policies as outlined in Oakville Parent-Child Centre's *Summertime Nursery School & Cool Kids Camp General Information Booklet*.

Signature of Parent: _____ Date: _____

How did you hear about the Centre?

Friend () Advertisement () Other () please specify: _____