

Discoveryland Childcare & A.S.C Registration and Portable Emergency Information

Personal Information:

Start Date:

Child's Name:	Birthdate:
Address:	Postal Code:

Mom/Guardian:	Home Phone:
Home Address:	Cell Phone:
Place of Work & Address	Work Phone:

Dad/Guardian:	Home Phone:
Home Address:	Cell Phone:
Place of work & Address:	Work Phone:

Emergency Contacts: Please provide full address or land description (No P.O. Box numbers).

Emergency Contact # 1	Relationship
Address:	Phone Number HM: Cell:
Emergency Contact # 2	Relationship
Address	Phone Number HM: Cell:

Health Information:

Child's Doctor's Name:	ALLERGIES/DISABILITIES:
Doctor's Phone #	Allergy reaction:
AB Health Care #	Immunizations up to date? Yes _____ No _____ Copy of Immunization submitted to Center _____
Ongoing Medications? List:	

Dietary Restrictions:

MEDICAL TREATMENT/TRANSPORTATION

I give permission to Discoveryland Childcare and Afterschool care to take my child to the nearest Medical Center or Hospital for emergency medical treatment I, give permission for my child to use the Center's transportation for areas around the center without special or prior notification. All other field trips will be posted and individual permission will be requested.

Parent signature: _____

I, give permission for my child for neighbourhood walks around the center without special or prior notification. All other field trips will be posted and individual permission will be requested.

Parent signature: _____

AUTHORIZED PERSONS: TO WHOM YOUR CHILD MAY BE RELEASED

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Parent's Signature: _____

Date: _____

Updated parent's Signature: _____

Date: _____

Updated parent's Signature: _____

Date: _____

Communication preference Email _____ Phone _____

NOTE: Portable Emergency Forms updated every Six (6) months.

EMAIL ADDRESS: _____

Formulated: March 1, 2013, Revised: July 17 2014 Revised: Dec 2015