Childcare - Participant Information Form

Full Name of Participant: _____

Commonly used first name, if different from above: _____

Address: _____Postal code_____

Age: _____ Birth Date: _____

School: _____ Grade: _____

Does your child require an EPA at their current school YES ____ NO ____

Is your child provided with additional support - If YES please indicate what is being provided:

_____

Parent/Guardian Information:

1)Name:_____
Work Phone #: _____
Cell Phone #:_____
Email Address: _____

2)Name:_____
Work Phone #: _____
Cell Phone #:_____
Email Address: _____

*The above parent/guardians have permission to authorize alternative pick-up arrangements and make changes to the Participant Information Form.

Emergency contact: ***(Different than Parent/Guardian)*** **Must reside within the HRM area**

1)Name:_____
Work Phone #: _____
Cell Phone #:_____
Relationship: _____

2)Name:_____
Work Phone #: _____
Cell Phone #:_____
Relationship: _____

PICK-UP ARRANGEMENTS

I hereby authorize the following, to pick up the participant. If there are any changes in these arrangements, I will let the program staff know (in writing) in advance. These contacts should be different from the parent/guardians & emergency contacts listed above.

1)Name:_____
Work Phone #: _____
CellPhone #: _____

2)Name:_____
Work Phone #: _____
CellPhone #: _____

1)Name:_____
Work Phone #: _____
CellPhone #: _____

2)Name:_____
Work Phone #: _____
CellPhone #: _____

HEALTH INFORMATION

Health Card #: _____

Family Doctor: _____ Ph#: _____ (if applicable)

If yes, to any below please contact program leader for additional required forms

Does your child have a disability or require support? Yes _____ No _____
Does your child have a history of separation anxiety? Yes _____ No _____

MEDICATION/ALLERGIES

Does your child require medication? Yes _____ No _____
Do you require medication to be administered or stored during the program?
Yes _____ No _____

Does your child have a serious or life-threatening allergy? (Anaphylaxis) Yes _____ No _____
If yes, an Epi-pen must be labeled with name, instructions and left at the PRCC at all times.

Please provide any additional information about your child we should be aware of:
_____

AUTHORIZATION:

- **I hereby authorize staff to secure such medical advice and services as may be deemed necessary for the health and safety of the participant.**
  Yes _____ No _____ (Please initial)

- **I understand all policies and procedures as outlined in the Parent Handbook**
  Yes _____ No _____ (Please initial)

- **I hereby authorize Prospect Road Community Centre/Resource Opportunities Centre to use pictures of the above mentioned program participant to display on the Prospect Road Community Centre web site and other promotional publications.**
  Yes _____ No _____ (Please initial)

- **I understand that my child will participate in supervised outdoor play which may include use of the play structure, sport court, green space on PRCC property and walking to PRES play structure via connector trail. This may also include winter activities such as sliding in snow, etc.**
  Yes _____No_____ (Please initial)

- **I hereby authorize Prospect Road Community Centre/Resource Opportunities Centre for off site activities that relate to our childcare program (in summer walking to the playground at Prospect Road Elementary and the back trail)**
  Yes _____No_____ (Please initial)

Parent/Guardian Signature:_____