



# Compass Child Care

Learn. Play. Create. Socialize

Today's Date:	
Start Date:	
End Date:	

- 2285 Bellamy Road     
  3656 Raymond Street S     
  598 Ridley Drive     
  6580 Sooke Road

## Child Information

Full name of child:			
Usual name(s):		Date of Birth:	
Home Phone:		Gender:	
Address:			

## Parent/Guardian Details

Name:		Relationship:	
Work Phone:		Cell Phone:	
eMail Address:			
Address (if different than child)			

Name:		Relationship:	
Work Phone:		Cell Phone:	
eMail Address:			
Address (if different than child)			

## Alternate & Emergency Contacts

Name:		Relationship:	
Work Phone:		Cell Phone:	
<hr/>			
Name:		Relationship:	
Work Phone:		Cell Phone:	
<hr/>			
Name:		Relationship:	
Work Phone:		Cell Phone:	

In the case I am unable to pick up my child, I give permission for any of the above individuals to be contacted and my child may be released to them.

Parent/Guardian signature \_\_\_\_\_  
Date signed \_\_\_\_\_

## Restricted Access List any person(s) not permitted access to child

Name:		Name:	
Court Order? Y or N <b>If yes, please attach supporting documentation</b>			

## Photos, Social Media and Publication

Children love to see photos of themselves and their friends. We sometimes use photos to record our projects, as part of games and as labels around the classroom. **Do you give permission for your child to be photographed?**

- YES       NO

We use Facebook and a website to share news, reminders and information about our program. This is also a means of sharing the fun things your child does during the day with you. **Do you give permission for your child to be included:**

**In Closed Facebook Group**

**On Public Facebook**

**On Website**

- YES  NO

- YES  NO

- YES  NO

Parent/Guardian signature \_\_\_\_\_  
Date signed \_\_\_\_\_

**Health Information** (Please attach a separate sheet if necessary)

Family Doctor:			
Doctor's Phone Number:		BC PHN:	
Regular medication (s) and reasons for (please list):			
Allergies/Reactions and treatment (please list):			
Any concerns/conditions regarding your child's health (seizures, asthma, vision, hearing, etc.)			

**Immunization Schedule** Record dates or attach Immunization Record

<b>First Visit date</b> (approx 2 months of age):	<b>Fourth Visit Date</b> (approx 12 months of age):
DTaP-HB-IPV-Hib	Varicella
Men-C	MMR
PCV 13	Men-C
Rotavirus	PVC 13
<b>Second Visit Date</b> (approx 4 months of age):	<b>Fifth Visit date</b> (approx 18 months of age):
DTaP-HB-IPV-Hib	DTaP-IPV-Hib
PCV 13	Hepatitis A (if required)
Rotavirus	
<b>Third Visit date</b> (approx 6 months of age):	<b>4-6 Years of age:</b>
DTaP-HB-IPV-Hib	MMRV
Men-C	Tdap-IPV
PCV 13	<b>Other</b> (specify type and date):
Rotavirus	
Hepatitis A (if required)	

**Consent for Medical Care**

My child, \_\_\_\_\_, may be given first aid/treatment by the qualified staff at Compass Childcare.

I, \_\_\_\_\_, authorize the staff of Compass Childcare to call a medical practitioner or ambulance in the case of accident or illness if I cannot immediately reached.

Parent/Guardian signature \_\_\_\_\_

Date signed \_\_\_\_\_

**Declaration**

I hereby certify that the above statements are true and correct to the best of my knowledge, and that I have the legal right to grant permissions for the minor to which this form pertains.

Parent/Guardian signature \_\_\_\_\_ Caregiver Signature \_\_\_\_\_

Date signed \_\_\_\_\_ Date Signed \_\_\_\_\_