



Burnaby Neighbourhood House Preschool Summer Program 2016

Child's First Name	Child's Last Name	Sex	Date of Birth ____/____/____ MM/DD/YYYY
Child's Address		City	Postal Code
Home Phone #	Language(s) Spoken		
Mother's First Name	Mother's Last Name	Home #: Work #: Cell #:	
Father's First Name	Father's Last Name	Home #: Work #: Cell #:	

Emergency Contact (Who Is Not Child's Parent)

First Name	Last Name	Relationship	Home #: Work #: Cell #:
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Person(s) NOT authorized to pick up your child:

Name: _____ **Relationship to child:** _____

Medical Information

The purpose of the Medical Information is to obtain information that will help us ensure that your child has a safe and pleasant experience.

Child's BC Medical #	Other Medical Insurance Plan #		
Child's Doctor	Phone #	Is your child's immunization up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any health problems, disabilities we should be aware of?			
Does your child require special assistance to participate in any activities in school?			
Does your child have any allergies (example; bee stings, peanuts)?			

