



CHILD RECORDS

ID NO:

CHILD DETAILS

FULL NAME:

SEX:

DATE OF BIRTH:

DATE OF ENROLLMENT:

BIRTH CERTIFICATE #:

FAMILY DETAILS/EMERGENCY CONTACT

FATHER

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

ADDRESS:

STREET:

CITY:

HOME PHONE

MOBILE:

EMAIL:

MOTHER

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

ADDRESS:

STREET:

CITY:

HOME PHONE

MOBILE:

EMAIL:

AUTHORIZATION TO PICK UP/EMERGENCY CONTACT

PICK UP 1

NAME:

RELATIONSHIP TO CHILD:

PHONE:

EMERGENCY CONTACT:

PICK UP 2

NAME:

RELATIONSHIP TO CHILD:

PHONE:

EMERGENCY CONTACT:

CHILD HEALTH HISTORY

CHILD'S DOCTOR:

FACILITY NAME:

PHONE:

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?

YES

NO

(If yes please include immunization record)

(If no please explain):

DOES CHILD HAVE ANY KNOWN MEDICAL PROBLEMS?

YES

NO

(If yes please attach documentation.)

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?

YES

NO

(If yes, please state):

ARE THERE ANY PRESCRIBED MEDICATIONS FOR ALLERGIES:

YES

NO

(If yes, please state):

DOES YOUR CHILD HAVE ANY HANDICAPS OR CONDITION THAT WOULD AFFECT OR LIMIT HIM/HER IN ACTIVITIES?

YES

NO

(If yes please explain)

CHILD'S DENTIST

FACILITY NAME:

PHONE:

OTHER INFORMATION

HAS CHILD HAD BEEN IN A PREVIOUS SCHOOL EXPERIENCE? YES NO (If yes)

PLEASE STATE REASON FOR LEAVING:

PLEASE COMMENT ON ANY OTHER INFORMATION/ OR SPECIAL DIETARY NEEDS THE CHILD CARE PROVIDER SHOULD BE AWARE OF:

PERMISSIONS / AUTHORIZATION

I / WE, authorize the child care provider/staff to obtain the following services for my child if necessary:

Public Health Nurse, Physician and or Ambulance in the event of an emergency. *(NOTE: (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).*

Be included in all Immunization Exercises as required by the Department of Social Welfare and Health Services

Be permitted to participate in Field Trips or to any external excursions for his/ her benefit in attendance at this facility.

ACKNOWLEDGEMENT

I / We confirm that all information given above are true and agree to provide all relevant documents required. I agree to abide by all laid down regulations and policies of Laurels & Garland School as laid down in the Parent/Provider Contract

Father

Mother

Pick Up

Pick Up

Father's Signature :

Mother's Signature:

OFFICIAL USE ONLY

Date of Commencement:

Entry Class: (Check ✓ appropriate box)

Crèche

PS One

PS Two

Pre-K

KG

All relevant documents on file.

Birth Certificate

Immunization Card

Parent Contract

Full interview conducted.

Passed

Repeated

Failed

DORYCE NYARKO-SAAKA

Providers Name and Signature
