



Naturally Inspired by Early Achievers

Payment Method: _____
Date Pym't Received: _____
Amount Paid: _____

Child's Name: _____ Birth Date: ____/____/____ (yy/mm/dd)
Mailing Address: _____ City/Town: _____ Postal Code: _____
MCP: _____ MCP Expiry: _____
Physician: _____ Physician Address: _____
Please indicate which email for correspondence: Parent 1: Parent 2: Both:
Current marital status of parents: Married: Separated: Other:
Do both parents have permission to leave our school with the child? Yes No

Parent/Guardian 1 Name: _____ Address (If different from above): _____
Home/Cell Phone: _____ Email: _____
Place of Work: _____ Work Phone: _____ Work Address: _____
Parent/Guardian 2 Name: _____ Address (If different from above): _____
Home/Cell Phone: _____ Email: _____
Place of Work: _____ Work Phone: _____ Work Address: _____

Emergency Contact:

Table with 3 columns: Name, Relationship to Child, Phone Number(s)

Naturally Inspired: (Children MUST be toilet Trained)

Days: Tuesday and Thursday 9:15 - 2:00 (No option for late pick up)
Wednesday and Friday 9:15 - 2:00 (No option for late pick up)

- I acknowledge that Early Achievers may photograph or video students throughout the day. Such photographs or videos may be used to share with parents or used for publicity purposes which may include social media. Students' names will not be attached.
I hereby grant permission for my child to participate in all the activities of the school, and to leave the school's premises under the supervision of a staff member for neighborhood walks, etc.
I hereby grant permission for my child's teacher(s) to apply sunscreen and insect repellent on an as needed basis.
I have read and agree to follow Early Achievers Nutrition Policy.

In case of emergency, I give permission for treatment by a qualified doctor, or any person qualified to give emergency treatment, I release Early Achievers from any liability for injury that may arise or be occasioned thereof. I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency care, including the use of an ambulance.

Parent Signature: _____ Date: _____

2023 *Naturally Inspired* by Early Achievers
Questionnaire

Name of Child: _____ Birth Date ____/____/____ (yy/mm/dd)

Parent /Guardians _____

1. Describe your child's general health, e.g., recurrent colds, ear infections, stomach aches, etc.

2. Does your child have any illnesses, conditions, or special needs that we should be aware of, e.g., asthma, diabetes? _____

_____ Has your child ever been approved for Inclusion Support within a childcare or school setting? Yes No If yes, please indicate the reason for support, e.g., speech, behaviour? _____

3. To provide your child with the best learning environment possible, it is necessary for us to be aware if your child has been/will be referred to a specialist for speech language, behavioural, social/emotional, or academic concerns?

4. Is your child taking any medication? Yes No If yes, which medication and what is it for? _____

5. Does your child have any food allergies? Yes No Epi-Pen

Does your child have any other allergies? Yes No If yes, please describe: _____

*Please indicate if allergies are Airborne (A), Ingested (I) or Touch (T)

6. Is your child on a special diet? Yes No If yes, please describe: _____

Describe any concerns you have about your child's diet and/or eating habits:

7. Does your child experience any difficulties settling in or with routines? Please describe:

8. Is English a second language for your child? Yes: No:

9. Is there anything else we should be aware of to help make your child's day run smooth?



Immunization Record: All students must be immunized.
Please attach a copy of current Immunization Records.
All records are required BEFORE programs begin.