



If any of these children of school age are not being enrolled at Delta Christian School, please explain: \_\_\_\_\_

Church your family is regularly attending: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

If church membership is less than one year, please list previous church, pastor and pastor's phone number: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **MEDICAL INFORMATION**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Care Card Personal Health Number \_\_\_\_\_

Allergies/Reaction/Treatment \_\_\_\_\_

Special Diet (explain) \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

#### Persons Authorized to Pick Up Child From Little Dolphins Preschool

Name	Relationship to Child	Phone

Persons **NOT** authorized to pick up my child from Little Dolphins Preschool: (**You must include pertinent documentation, i.e. court order**)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Description:** \_\_\_\_\_

Emergency Contacts Other Than Parent/Guardian

Name	Relationship to Child	Home Phone	Work Phone

Authorized Person to Contact in Case of an Earthquake Emergency (must be a long distance number)

Name & Address	Relationship to Child	Phone

**CHILD HISTORY**

What are your child's:

Favourite Activities: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Sleeping Patterns: \_\_\_\_\_

Toileting Practices: \_\_\_\_\_

Religious or Cultural Practices: \_\_\_\_\_

Is Your Child Subject to: (If yes, explain)

Ear/Nose/Throat Infections: \_\_\_\_\_

Urinary Tract infections: \_\_\_\_\_

Bleeding noses: \_\_\_\_\_

Skin Problems: \_\_\_\_\_

Seizures: \_\_\_\_\_

Emotional Problems: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Language Development Challenges: \_\_\_\_\_

What are your Child's:

Previous experiences away from home: \_\_\_\_\_

Reactions to separation: \_\_\_\_\_

Significant events in the last year: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Name of Previous Childcare Arrangement \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Special Instructions or Comments for the Caregivers at the Preschool: \_\_\_\_\_

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I authorize the staff of Delta Christian School/Little Dolphins Preschool to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parent cannot be immediately be reached.

I enroll my child in Little Dolphins Preschool with the understanding that he/she will receive a Christ-centred education. I agree with the implementation of the policies and guidelines of Little Dolphins Preschool as outlined in the Preschool Parent Handbook.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Manager/Director of Little Dolphins Preschool \_\_\_\_\_