



CHILD PROFILE

Appendix 11.1.11

Program: _____ Facility: Skyline Estey's Devon

Registration Date: _____ Start Date: _____

CHILD/FAMILY INFORMATION:

Name of Child _____ Male Female

Date of Birth _____ Medicare #: _____ Expiry Date _____

Name of Family Physican: _____ Phone #: _____

Address: _____

ALLERGY ALERT: Please list your child's allergies

Home Address: _____ Apt # _____

City _____ Postal Code _____ Prov _____

Phone#: _____ Cell #: _____ E-mail: _____

Mother/Guardian: _____ Father/Guardian: _____

Place of work: (mother) _____ Work Phone #: _____

Place of work: (father) _____ Work Phone #: _____

Marital Status: Single Married Widowed Separated Divorced

With whom has the child lived for most of the past year? Mother Father Both Guardian Other (specify) _____

Who has permission to pick your child up from the center? _____

- If changing pick up arrangements parent(s) must call the center prior to the child being picked up.

Is there anyone who does not have permission to pick your child up from the center?

What language(s) are spoken at home? English French Other (specify) _____