



# South Okanagan Learning for Little People

216 Hastings Avenue  
Box 22032 Penticton, BC V2A 8L1

**250-493-2331**



## Student Information Form

PLEASE ANSWER ALL QUESTIONS - IF NOT APPLICABLE PUT A LINE THROUGH SPACE FOR ANSWER

**\*\*PLEASE BRING THIS FORM DIRECTLY TO YOUR CHILD'S TEACHER\*\***

**OFFICE  
USE  
ONLY**

Class Placement: \_\_\_\_\_ Year: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_ GENDER: **M** **F**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE:      MONTH      DAY      YEAR EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

OTHER IDENTIFIABLE CHARACTERISTICS: \_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_

DR. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MOTHER'S NAME:	FATHER'S NAME:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
WORK PHONE:	WORK PHONE:

ARE THERE ANY CUSTODY ARRANGEMENTS REGARDING YOUR CHILD? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT IS THE ARRANGEMENT? \_\_\_\_\_

IS THERE ANYONE OTHER THAN STRANGERS DENIED ACCESS TO YOUR CHILD? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHO IS DENIED ACCESS TO YOUR CHILD? \_\_\_\_\_

EMERGENCY CONTACTS (other than principal guardian)

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

## HEALTH HISTORY

IMMUNIZATION HISTORY (please provide photocopy of Record of Immunizations – if applicable)

I CHOOSE NOT TO HAVE MY CHILD IMMUNIZED x

PRINCIPAL GUARDIAN SIGNATURE \_\_\_\_\_

IS YOUR CHILD PRONE TO: (please circle Y or N )

COLDS	Y	N	BRONCHITIS	Y	N	SORE THROAT	Y	N
URINARY TRACT INFECTIONS	Y	N	HAY FEVER	Y	N	NOSE BLEEDS	Y	N
EAR INFECTIONS	Y	N	SKIN CONDITIONS (RASH)	Y	N	CONVULSIONS	Y	N

ALLERGIES (list): \_\_\_\_\_

REACTIONS: \_\_\_\_\_

ANY OTHER MEDICAL CONCERNS? \_\_\_\_\_

IS CHILD ON CONTINUOUS MEDICATION? (If yes, what) \_\_\_\_\_

DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD'S OVERALL GROWTH & DEVELOPMENT? (For Example: Social, Physical, Cognitive, Emotional) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail. \_\_\_\_\_

HAS YOUR CHILD HAD PREVIOUS INVOLVEMENT WITH PROFESSIONAL SERVICES SUCH AS: SPEECH & LANGUAGE, OCCUPATIONAL OR PHYSICAL THERAPIST, BEHAVIOURAL CONSULTANT, ETC. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the level of involvement \_\_\_\_\_

IS THERE A SPECIAL DIET? \_\_\_\_\_

Special instructions regarding: Food likes / dislikes, security items, fears, religious or cultural observances \_\_\_\_\_

## CHILD'S CONFIDENTIAL REPORT

The following information will help the teachers to become better acquainted with your child, to answer his/her questions with some understanding, and to understand certain behaviour habits.

CHILD'S FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME BY WHICH YOU WISH CHILD TO BE CALLED: \_\_\_\_\_

OTHER ADULTS LIVING WITH FAMILY: \_\_\_\_\_

SIBLINGS name \_\_\_\_\_ age \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

name \_\_\_\_\_ age \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

PETS: (name and type) \_\_\_\_\_

CHILD'S CONFIDENTIAL REPORT CONT...

OPTIONAL: SELF-IDENTIFIED ABORIGINAL (FIRST NATIONS, METIS OR INUIT) Yes \_\_\_\_\_ No \_\_\_\_\_

LANGUAGES SPOKEN IN THE HOME: \_\_\_\_\_

SLEEP AND NAP HABITS: \_\_\_\_\_

EATING HABITS: \_\_\_\_\_

FEARS: \_\_\_\_\_

BEHAVIOR HABITS (nail biting, thumb sucking, tantrums, stuttering, biting, wandering etc) \_\_\_\_\_

\_\_\_\_\_

TOILET HABITS (warning words, problems) \_\_\_\_\_

CHILD'S HOME INTERESTS AND PLAY WHEN ALONE: \_\_\_\_\_

\_\_\_\_\_

CHILD'S SPECIAL LIKES \_\_\_\_\_

CHILD'S DISLIKES \_\_\_\_\_

WHAT IS YOUR FORM OF DISCIPLINE \_\_\_\_\_

\_\_\_\_\_

ANY FURTHER INFORMATION THAT WILL HELP US TO UNDERSTAND YOUR CHILD'S NEEDS AND INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU HOPE YOUR CHILD WILL GAIN FROM THEIR PRESCHOOL EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_



# South Okanagan Learning for Little People Society

## GENERAL CONSENT FORM

CHILD'S NAME: \_\_\_\_\_

Only those names on the list below will be allowed to remove the named child from the LFLP facility.

\*(please list everyone such as grandparents, older siblings, baby-sitters etc.. - must be at least 14 years old -)\*

NAME(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_  
PRINCIPAL GUARDIAN SIGNATURE

I give permission for \_\_\_\_\_ to partake in any walks, outings, and field trips away from the preschool.

SIGNED: \_\_\_\_\_  
PRINCIPAL GUARDIAN SIGNATURE

I give permission for \_\_\_\_\_ to have their photos taken in the classroom and to be used for advertising purposes, photo ops, and sharing amongst friends in the classroom. This may include photos or videos that are used in electronic print media. *(We realize in some cases children may have reason to not have their photos published as in custody cases etc. Please do not sign this signature line if this is the case and discuss your wishes with the teachers).*

SIGNED: \_\_\_\_\_  
PRINCIPAL GUARDIAN SIGNATURE

I authorize the staff, in the event of an emergency, to call a physician or ambulance in case of accident or illness where the parent or guardian cannot be reached. I accept responsibility for payment of ambulance fees.

SIGNED: \_\_\_\_\_  
PRINCIPAL GUARDIAN SIGNATURE

I understand that I must give Thirty (30) days written notice before I withdraw my child from the LFLP Preschool. Registration Fees are non-refundable.

SIGNED: \_\_\_\_\_  
PRINCIPAL GUARDIAN SIGNATURE

I have read the Parent Handbook and am aware that LFLP is a parent operated school. I understand that without parent participation there would be no preschool. I acknowledge and am aware that I may be called upon at times to assist in the daily operational upkeep of the LFLP preschool by aiding or assisting in such activities as; fundraising events, general clean up, field trips, etc. I agree to assist in other activities or areas that may arise and require additional assistance by the Teachers or Board throughout the year.

SIGNED: \_\_\_\_\_  
PRINCIPAL GUARDIAN SIGNATURE

**\*\*PLEASE SIGN EVERY SIGNATURE LINE THAT YOU AGREE TO\*\***