Date Received: _____

Children For The Future

Head Start

1413 Main Street - Box 1448 - Swan River, MB - R0L 1Z0
Phone: 204-734-3257 Email: virginia.church @ecfc.ca

Child's Information

First Name _____ Last Name _____
Preferred Name: _____ Boy / Girl / Other (circle one)
Birthdate: (D)_____/(M)_____/(Y)_____ Age: _____
Home Address: _____ Box No. _____
Town: _____ Postal Code: _____
MB Health # (6 digit)_____ PHIN # (9 digit) _____
Family Doctor: _____ Phone # _____
Allergies (please specify) _____
Medical Conditions (please specify) _____

_____

Is your child (circle one): Metis First Nation Inuit Non-Status

Parent/Guardian Information

Parent #1:_____ _____ Parent # 2: _____
Relationship to Child:_____ Relationship to Child: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____
Email Address: _____ Email Address: _____
Any custody issues: Yes / No Please explain: _____

_____

Is child in care of Child & Family Services? Yes / No Agency: _____
Worker: _____ Phone #: _____

EMERGENCY CONTACT

Name: _____ Relationship to Child_____
Physical Address: _____ Phone: _____

Authorized Pickup

Name: _____ Relationship to Child: _____ Phone: _____

Tell Us About Your Child:

Names of siblings and ages:

_____ age _____ _____ age _____
_____ age _____ _____ age _____
_____ age _____ _____ age _____

What types of food does your child like to eat?: _____

_____

What types of food does your child dislike?: _____

_____

What toys/activities does your child enjoy? _____

_____

Are there any fears that your child has? _____

_____

What behaviour does your child exhibit when upset/mad? _____

_____

Is your child fully potty trained? _____

Please read each statement carefully and sign your name.

- I hereby give consent for my child to accompany Head Start employees on regular field trips and outings.
- In event of an emergency, when I cannot be reached, I give permission for my child to receive medical procedures deemed necessary by my physician selected to the Head Start employees.
- I hereby give permission for my child to be photographed or video taped for the purpose of publicity for the centre, recordings of outings, birthdays or special occasions. I understand they may be identified by name in these publications.
- I have read and understand the policies of the Head Start Program and I understand that I am required to participate in all aspects of the Program.
- All children need to be fully immunized to attend Head Start and proof of immunization is mandatory and can be accessed through Public Health.

Signature: _____ **Date:** _____