

# REGISTRATION FORM

THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTRE  
14885/14853 60<sup>TH</sup> AVE SURREY, BC V3S 1R8  
THE BIGGEST LITTLE LEARNING CENTER  
14818 60<sup>TH</sup> AVE SURREY, BC V3S 1R8  
604 572 3563/604 590 3833/236-598-5358

REGISTRATION CHECKLIST: REGISTRATION WILL NOT BE ACCEPTED WITHOUT THESE ITEMS ATTACHED.

- EMERGENCY CARE CARD PICTURE
- IMMUNIZATION RECORDS ATTACHED

## PERSONAL INFORMATION

**PROGRAM ENROLLED:** PRESCHOOL/FULL DAY CHILDCARE/SCHOOL AGE CARE **LOCATION:** CHURCH/LUMINA/LUXE

**PRESCHOOL PROGRAM CLASS DAYS AND TIME:** MWF  MW  T/TH  | AM  PM  EXT  \_\_\_\_\_  
Specify the class you would like to enroll in on line above

FULL NAME OF CHILD: \_\_\_\_\_ BIRTHDATE (MM/DD/YYYY): \_\_\_\_\_

NAME CHILD RESPONDS TO: \_\_\_\_\_ GENDER: \_\_\_\_\_ PRONOUNS: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ OTHER: \_\_\_\_\_

ADDRESS OF CHILD: \_\_\_\_\_ STREET: \_\_\_\_\_

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

PARENT OR GUARDIAN #1	PARENT OR GUARDIAN #2
NAME: _____	NAME: _____
ADDRESS (IF DIFFERENT FROM ABOVE): _____ _____	ADDRESS (IF DIFFERENT FROM ABOVE): _____ _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____

PRIMARY CONTACT EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT INFO (MUST BE SOMEONE OTHER THAN THE PARENTS/GUARDIANS LISTED ABOVE)**

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENT/GUARDIAN/EMERGENCY CONTACT)

NAME: _____	RELATION: _____	PHONE: _____
NAME: _____	RELATION: _____	PHONE: _____
NAME: _____	RELATION: _____	PHONE: _____

**PLEASE MAKE SURE AUTHORIZED CONTACTS HAVE ID WHEN PICKING UP YOUR CHILD**

## PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD

NAME: _____	RELATION: _____	PHONE: _____
NAME: _____	RELATION: _____	PHONE: _____

**CUSTODY AGREEMENT:** YES  /NO  **IF YES, SUPPLY COPY OF THE CUSTODY ORDER TO THE CENTRE**

**OFFICE USE ONLY:**

PROGRAM START DATE: \_\_\_\_\_ WITHDRAWAL DATE: \_\_\_\_\_

**EMERGENCY HEALTH INFORMATION**

FAMILY DOCTOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(PLEASE LIST THE NAME OF THE MEDICAL CLINIC IF YOU DO NOT HAVE A FAMILY PHYSICIAN)

CHILD'S CARE CARD #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

**CONSENT FOR EMERGENCY CARE**

I AUTHORIZE THE STAFF AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE IN THE CASE OF ACCIDENT, ILLNESS OF MY CHILD(REN) OR IF THE PARENT CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**HEALTH INFORMATION**

PLEASE CHECK ALL THAT APPLY TO THE CHILD:

ALLERGIES  SEIZURES  DIABETES  ASTHMA  VISION PROBLEMS  HEARING PROBLEMS

MOBILITY ISSUES  SPEECH/LANGUAGE DIFFICULTIES  BEHAVIOURAL ISSUES  TAKES MEDICATION

SKIN CONDITIONS  A DIAGNOSIS  ANY OTHER HEALTH CONCERNS  NO CONCERNS

PLEASE SPECIFY/EXPLAIN: \_\_\_\_\_

LIST ALLERGIES: \_\_\_\_\_

CARE PLAN REQUIRED: YES  /NO

PLEASE LIST ANY HEALTH CARE OR BEHAVIOUR PROFESSIONALS INVOLVED IN YOUR CHILDS LIFE (EX. SPEECH THERAPIST, CENTER FOR CHILD DEVELOPMENT): \_\_\_\_\_

DESCRIBE ANY SPECIFIC CARE INSTRUCTIONS: \_\_\_\_\_

**PRESCHOOL/DAYCARE PARENTS:** IS YOUR CHILD POTTY TRAINED? YES  NO  / DOES YOUR CHILD NAP? YES  NO

DO YOU HAVE ANY RELIGIOUS/CULTURAL BELIEFS YOU WOULD LIKE TO SHARE? EX. SPECIAL HOLIDAYS, FOOD PREFERENCES/RESTRICTIONS: \_\_\_\_\_

**IMMUNIZATION STATUS**

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES  / NO

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS OR FILL OUT SECTIONS BELOW (MM/DD/YYYY)

DIPHTHERIA	PERTUSSIS	TETANUS	POLIO	MMR	HIB
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.		
4.	4.	4.	4.		
5.	5.	5.	5.		

IF IMMUNIZATION RECORDS ARE NOT AVAILABLE, PLEASE COMPLETE THE ATTACHED LETTER.

**CHILD'S HOME INFORMATION**

CHILD LIVES WITH? BOTH PARENTS  MOTHER  FATHER  GUARDIAN #1  GUARDIAN #2

OTHER SIBLINGS IN THE HOME? YES  NO

SIBLING NAME(S): \_\_\_\_\_

OTHER ADULTS IN THE HOME? YES  NO

IF YES, PLEASE INCLUDE NAME(S):

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**GROUP EXPERIENCES**

HAS YOUR CHILD HAD ANY PREVIOUS GROUP EXPERIENCE? (EX. DAYCARE, PLAY GROUPS, RECREATIONAL PROGRAMS)

YES  / NO  IF YES, HOW DID THEY ADAPT? \_\_\_\_\_

WHAT WERE THEIR SUCCESSES AND CHALLENGES IN A GROUP SETTING? \_\_\_\_\_

WHAT OTHER EXPERIENCES HAS THE CHILD HAD WAY FROM HOME? \_\_\_\_\_

WHAT ARE YOUR CHILD'S FAVOURITE TOYS/ACTIVITIES: \_\_\_\_\_

**SOCIAL/EMOTIONAL DEVELOPMENT**

DOES YOUR CHILD HAVE ANY PARTICULAR BEHAVIOUR CHALLENGES OR FEARS? YES  / NO

PLEASE DESCRIBE: \_\_\_\_\_

HOW DOES YOUR CHILD BEHAVE TOWARDS OTHER CHILDREN? (EX. SEEKS OTHERS OUT, FEELS SHY) \_\_\_\_\_

IS YOUR CHILD ABLE TO SELF REGULATE? YES  / NO  (EX. CALM THEMSELVES DOWN/CHEER THEMSELVES UP/STOP BEHAVING NEGATIVELY) PLEASE LIST SUGGESTIONS TO HELP YOUR CHILD: \_\_\_\_\_

IS YOUR CHILD ABLE TO DRESS THEMSELVES (EX. CHANGE THEIR SHOES, PUT ON THEIR OWN JACKET, HAT, GLOVES)?

YES  / NO

BY SIGNING BELOW, I CONFIRM THAT I HAVE NOT PROVIDED ANY FALSE INFORMATION REGARDING MY CHILD'S HEALTH, LEARNING ABILITIES OR SOCIAL/EMOTIONAL DEVELOPMENT. ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

## PARENT PERMISSIONS

CHILD'S FIRST NAME	CHILD'S LAST NAME
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### IMAGE RELEASE

#### ALL PROGRAMS

I, \_\_\_\_\_ GIVE PERMISSION FOR PHOTOS TO BE TAKEN OF MY CHILD DURING THE PROGRAM FOR USE IN THE CLASSROOM AND ON THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER'S SOCIAL MEDIA PLATFORMS AND WEBSITE PAGE. I UNDERSTAND THAT THE NAME OF MY CHILD AND PERSONAL INFORMATION WILL NOT BE PUBLISHED.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

### OFF PREMISES FIELD TRIP PERMISSION FORM

#### ALL PROGRAMS

I, \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD TO GO ON REGULAR OUTINGS IN THE NEIGHBOURHOOD UNDER THE SUPERVISION OF THE STAFF AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTRE/THE BIGGEST LITTLE LEARNING CENTER.

OFTEN INSTEAD OF PLAYING ON OUR PLAYGROUND THE CHILDREN GO FOR A WALK IN THE NEIGHBOURHOOD OR TO THE PARK. THIS IS AN ENJOYABLE EXPERIENCE FOR THE CHILDREN AS IT ALLOWS US TO EXPAND ON NATURE ACTIVITIES.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

### VEHICLE TRANSPORTATION PERMISSION

#### (SCHOOL AGE PROGRAM AND FULL DAY CHILDCARE PROGRAM)

I, \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED VIA THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER'S VEHICLE TO AND FROM SCHOOL AS WELL AS ON FIELD TRIPS.

I UNDERSTAND THAT VEHICLE HAS UNDERGONE INSPECTIONS AND MEETS THE REQUIREMENTS FOR A COMMERCIAL VEHICLE. I ALSO AM AWARE THAT THE DRIVER HAS A VALID DRIVER'S LICENSE AND MUST HAVE A CLASS 4 DRIVER'S LICENSE IF TRANSPORTING MORE THAN 10 CHILDREN AT ONE TIME.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

### PARENT COMMITMENT

#### ALL PROGRAMS

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ THE PARENT HANDBOOK AND POLICIES LOCATED ON THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER'S WEBSITE AT [WWW.BIGGESTLITTLEPRESCHOOL@GMAIL.COM](http://WWW.BIGGESTLITTLEPRESCHOOL@GMAIL.COM). I ACCEPT AND AGREE TO ABIDE BY THE POLICIES STATED AND WILL MAKE MYSELF AWARE OF CENTER CLOSURES THROUGHOUT THE YEAR. STAFF WILL REMIND FAMILIES AS THE DATE APPROACHES.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

## CODE OF CONDUCT

### THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER

The goal of our code of conduct is to produce responsible, respectful and cooperative students. Childcare are expected to follow our code of conduct while attending our center and outside functions put on by our center. Parents are responsible for their children's behavior while present in the classroom or outside school functions.

<p><b>ALL CHILDREN, STAFF AND PARENTS AT THE BIGGEST LITTLE PRESCHOOL &amp; CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER HAVE THE RIGHT TO:</b></p> <ul style="list-style-type: none"> <li>• Be safe</li> <li>• Be valued and treated considerately</li> <li>• Learn and grow each day</li> <li>• Speak and be heard</li> </ul>	<p><b>ALL CHILDREN, STAFF AND PARENTS AT THE BIGGEST LITTLE PRESCHOOL &amp; CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER HAVE THE RESPONSIBILITY TO:</b></p> <ul style="list-style-type: none"> <li>• Act in a safe manner at all times</li> <li>• Respect the rights of others and their property</li> <li>• Listen courteously when others are speaking</li> <li>• Help solve problems</li> <li>• Participate actively and positively in our center's activities</li> <li>• Be ready to learn and grow each day</li> </ul>
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Children are expected to follow these guidelines outlined throughout the day, on our daycare's property, on field trips and outside functions. We expect children to assume responsibility for their behavior. Staff will assist children in developing the skills to resolve conflict, problem solving, and decision-making according to their age and cultural beliefs. We value and encourage a learning and working environment that is inclusive and respectful of the diverse social, cultural needs or our childcare's community.

<p><b>AT THE BIGGEST LITTLE PRESCHOOL &amp; CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER THERE WILL BE NO:</b></p> <ul style="list-style-type: none"> <li>• Bullying, cyberbullying, misuse of technology (cell phones, electronic devices, computers) if it negatively impacts on the center's environment</li> <li>• Harassment, threat, intimidation, violence in any form</li> <li>• Verbal, physical, or sexual abuse</li> <li>• Racial discrimination</li> <li>• Theft</li> <li>• Vandalism</li> </ul> <p><b>AT THE BIGGEST LITTLE PRESCHOOL &amp; CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER WE WILL NOT TOLERATE THE PRESENCE OF:</b></p> <ul style="list-style-type: none"> <li>• Intoxicating substance or banned substances (ie. Smoking)</li> <li>• Weapons and explosives</li> <li>• Intruders or trespassers</li> <li>• Firecrackers</li> </ul> <p><b>WEAPONS ARE DEFINED AS:</b></p> <ul style="list-style-type: none"> <li>• Real – such as guns, knives etc.</li> <li>• Replicas – such as toy guns, knives, etc.</li> <li>• Anything that can be used as a weapon such as a chain, razor blade or shard of glass</li> </ul> <p>It is the child's and parent's responsibility not to bring to school or be in possession of at The Biggest Little Preschool &amp; Childcare Center/The Biggest Little Learning Center, items that can be used as weapons or as replicas of weapons. Any discoveries of weapons will be confiscated and the parent's and the RCMP will be notified immediately. This will also result in immediate termination from The Biggest Little Preschool &amp; Childcare Center (no refunds will be given for the remainder of the month)</p>	<p><b>CONSEQUENCES</b></p> <p>Consequences will take into account the age, maturity and special needs (ie. Intellectual, physical, sensory, emotional or behavioral disability) severity and frequency of actions. Consequences will be progressive and will focus on being restorative rather than punitive in nature. Depending upon these and other factors, one or more of the following actions may be taken:</p> <ul style="list-style-type: none"> <li>• Review of expectations and a warning</li> <li>• Review of expectations, loss of privileges</li> <li>• Parents informed of behavior within 24 hours</li> <li>• Meeting with parents</li> <li>• Short term (at home) suspensions up to 5 days (at parent's expense, no refunds)</li> <li>• Consultation with police and or fire department</li> <li>• Cost to repair or replace (damaged/vandalized/stolen property at parent's expense)</li> <li>• Termination of services (at parent's expense, no partial refunds)</li> </ul>
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CHILD'S FIRST NAME	CHILD'S LAST NAME
PARENT SIGNATURE	DATE

## FINANCIAL OBLIGATION/WITHDRAWAL POLICY

<b>ALL PROGRAMS (PRESCHOOL, DAYCARE, SCHOOL AGE PLEASE SIGN)</b>	
INITIAL	1. THE REGISTRATION IS NON-REFUNDABLE FOR ANY REASON AND IS DUE ON THE DAY OF ACCEPTANCE OF REGISTRATION. PAYABLE BY CASH, CHEQUE OR E-TRANSFER.
INITIAL	2. PAYMENTS WILL BE DEDUCTED AUTOMATICALLY ON THE 1 <sup>ST</sup> OF EACH MONTH USING A PAD AGREEMENT (PRE-AUTHORIZED DEBIT) A VOID CHEQUE MUST ACCOMPANY THE PAD AGREEMENT
INITIAL	3. CHILDCARE REDUCTION PROGRAM – THE PROVINCE INITIATIVE REDUCES MONTHLY FEES FOR FULL AND PART TIME FAMILIES IN GROUND CARE (3-5) AND CHILDREN IN KINDERGARTEN. YOUR FEES WILL BE REDUCED TO REFLECT THIS CHANGE. IF THE PROVINCE DISSOLVES THIS PROGRAM FOR ANY REASON OR OUR CENTER CHOOSES TO “OPT OUT” THE REGULAR FEES WILL APPLY AND MUST BE PAID IN FULL
INITIAL	4. FAMILIES THAT ARE ON SUBSIDY ARE REQUIRED TO PAY ANY MONETARY DIFFERENCES FROM OUR PRICE THAT ARE NOT COVERED
INITIAL	5. A \$35 NSF FEE IS CHARGED ON ALL NSF PAD AGREEMENTS, RE-PAYMENTS MUST BE PAID BY THE FOLLOWING DAY. CONSTANT NSF PAD AGREEMENTS MAY RESULT IN SERVICES BEING WITHDRAWN.
INITIAL	6. REFUNDS ARE NOT GIVEN FOR ANY REASON. EX. VACATION, ILLNESS, UNEXPECTED CLOSURES ETC.
INITIAL	7. PAYMENTS REMAIN THE SAME YEAR ROUND/SCHOOL YEAR REGARDLESS OF VACATION, ILLNESS ETC. AND MUST BE MAINTAINED TO SECURE YOUR CHILD’S SPACE.
INITIAL	8. IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH OUR PARENT HANDBOOK AND ANY OTHER MATERIALS THAT ARE PROVIDED. THEY ARE LOCATED ON OUR WEBSITE AT <a href="http://WWW.BIGGESTLITTLEPRESCHOOL.COM">WWW.BIGGESTLITTLEPRESCHOOL.COM</a>
INITIAL	9. THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER RESERVES THE RIGHT TO AUTOMATICALLY WITHDRAW SERVICES DUE TO FINANCIAL OBLIGATIONS NOT BEING MET OR ISSUES THAT CANNOT BE RESOLVED BETWEEN PARTIES.
INITIAL	10. I UNDERSTAND THE ABOVE POLICIES AND HAVE CLARIFIED ANY QUESTIONS WITH A STAFF MEMBER IF NEEDED.
<b>PRESCHOOL PROGRAMS</b> (PLEASE SIGN IN ADDITION TO THE OBLIGATIONS ABOVE IF YOU ARE REGISTERING FOR A PRESCHOOL PROGRAM)	
INITIAL	11. ONE MONTH’S WRITTEN NOTICE MUST BE PROVIDED ON THE 1 <sup>ST</sup> OF THE MONTH FOR WITHDRAWAL FROM A PROGRAM OR YOU ARE REQUIRED TO PAY THE FOLLOWING MONTHS FEES. WITHDRAWALS ARE NOT ACCEPTED AFTER THE FIRST OF THE MONTH. THE EXCEPTION IS JULY 1 <sup>ST</sup> IN WHICH THERE ARE NO REFUNDS FOR SEPTEMBER’S SCHOOL FEES.
INITIAL	12. WITHDRAWALS AFTER APRIL 1 <sup>ST</sup> ARE NOT ACCEPTED AND YOU WILL BE REQUIRED TO PAY FOR THE REMAINDER OF THE SCHOOL YEAR.
<b>SCHOOL AGE PROGRAM</b> (PLEASE SIGN IN ADDITION TO THE OBLIGATIONS ABOVE IF YOU ARE REGISTERING FOR THE SCHOOL AGE PROGRAM)	
INITIAL	13. ONE MONTH’S WRITTEN NOTICE MUST BE PROVIDED ON THE 1 <sup>ST</sup> OF THE MONTH FOR WITHDRAWAL FROM A PROGRAM OR YOU ARE REQUIRED TO PAY THE FOLLOWING MONTHS FEES. WITHDRAWALS ARE NOT ACCEPTED AFTER THE FIRST OF THE MONTH.
INITIAL	14. FAILURE TO NOTIFY STAFF BY 2 PM OF THE DAY YOUR CHILD DOES NOT REQUIRE PICK UP FROM SCHOOL WILL RESULT IN A \$25 FINE AND IS PAYABLE NEXT TIME YOUR CHILD RETURNS TO THE CENTER.
INITIAL	15. WE DO NOT COVER GRADUAL ENTRY FOR KINDERGARTEN CHILDREN DUE TO LICENSING RESTRICTIONS.

### PARENT/GUARDIAN OR INFORMATION PROVIDER

I UNDERSTAND MY FINANCIAL OBLIGATION TO THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER

PARENT SIGNATURE	DATE
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STAFF INITIALS: \_\_\_\_\_

## EMERGENCY CONSENT CARD

### THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER

CHILD'S NAME (FIRST, MIDDLE, LAST)	DOB: (MM/DD/YYYY)
ADDRESS:	CARE CARD #:
PARENT/GUARDIAN NAME:	DATE ISSUED:
PARENT GUARDIAN NAME:	PHONE NUMBER:
EMERGENCY CONTACT NAME:	PHONE NUMBER:
CHILD'S DOCTOR:	PHONE NUMBER:
MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS:	PLEASE ATTACH A COLOUR PHOTO OF YOUR CHILD HERE:

IT IS THE POLICY OF THIS CENTER TO NOTIFY A PARENT WHEN A CHILD IS ILL OR NEEDS MEDICAL ATTENTION. OCCASIONALLY WE CANNOT CONTACT PARENTS AND WE NEED TO GET IMMEDIATE HELP FOR THE CHILD. OUR PROCEDURE IS TO TAKE THE CHILD TO NEAREST EMERGENCY SERVICE.

PLEASE SIGN THE CONSENT BELOW SO THAT WE CAN TAKE APPROPRIATE ACTION ON BEHALF OF YOUR CHILD. THIS CONSENT WILL ACCOMPANY YOUR CHILD TO THE EMERGENCY SERVICE.

I HEREBY AUTHORIZE THE STAFF AT THE BIGGEST LITTLE PRESCHOOL & CHILDCARE CENTER/THE BIGGEST LITTLE LEARNING CENTER TO CALL A MEDICAL PROFESSIONAL OR AMBULANCE FOR MY CHILD, \_\_\_\_\_ IN CASE OF ACCIDENT OR ILLNESS IF I CANNOT BE IMMEDIATELY REACHED. I AGREE THAT I SHALL BE SOLELY RESPONSIBLY FOR ANY COST INCURRED FOR SUCH SERVICES.

I HEREBY GIVE CONSENT FOR MY CHILD, \_\_\_\_\_ TO RECEIVE MEDICAL TREATMENT.

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

Please fill in this emergency card. These are taken with us on field trips, to the playground, to and from the elementary schools or in case of emergency situations in which we must vacate the building. Please also include a photo of your child in the space indicated or attach. Thank you.

SCHOOL AGE CARE ONLY:

ELEMENTARY SCHOOL ATTENDING	GRADE
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