



Merry Pop-Ins School Age Programs



Section I - General Information

Date: _____

1. Child's Name: _____
(Last) (First) (Middle)

2. Nickname (If any): _____ Sex: Male Female

3. Birth Date: _____ Age Upon Application: _____
Year/ Month/Date

4. Parent(s)/Guardian(s): Mother: _____ Father: _____
Name: _____ Name: _____
Address: _____ Address: _____

Postal Code: _____ Telephone: (Home) _____
(Work) _____
(Cell) _____

Email Address: _____ Occupation: _____
Place Of Employment: _____

Hours Of Employment: _____

5. Child's Expected Time Of Arrival: _____ Departure: _____

6. Siblings: Name: _____ Age: _____ D.O.B. (Year/Month/Date): _____

7. Marital Status: Married Separated Divorced Single

8. Person(s) designated to pick up child:
1) Name: _____ Telephone: _____
(Home) / (Work) / (Cell)

Relationship to the child: _____

2) Name: _____ Telephone: _____
(Home) / (Work) / (Cell)

**20280 Trans-Canada Highway
Crapaud, PE C0A 1J0
Phone: 658-2560 (Early Years Centre)
388-6250 (School Age)**



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Relationship to the child: _____

3) Name: _____ Telephone: _____
(Home) / (Work) / (Cell)

Relationship to the child: _____

9. Emergency contact other than parent or guardian:

1) Name: _____ Telephone: _____
(Home) / (Work) / (Cell)

Relationship to child/family: _____

Section II - Medical Information:

10. Health Services Card#: _____

11. Does your child have an EA in School? Y N

12. Child's Doctor: _____ Telephone: _____
Doctor's Address: _____

13. List any special medical considerations or problems, such as food allergies, other allergies, drug reactions, asthma, speech concerns, seizures, or anything else that the staff should be aware

of: _____

14. Is your child presently under a Doctor's care? _____ Yes _____ No

If yes, please explain and list any medications _____

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