

## Early Childhood Education Summer Camp Intake Form

Child's Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

### Family Information

Please list all **adults** currently living in the home with your child:

Name	Relationship to Child (Gender)	Work Phone #	Occupation

Who has legal custody of child? \_\_\_\_\_

### Emergency Information

Please list allergies or medical conditions we should know about your child: \_\_\_\_\_

Please provide emergency contact information (who to call if we are unable to reach a parent or guardian):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who is authorized to pick up your child (List Names): \_\_\_\_\_

List any specific person(s) **NOT** permitted access to your child: \_\_\_\_\_

**Please provide your child's doctors information below:**

Name:

Title:

Phone#:

Organization/location:

### Medical Information and History

Does your child have any diagnosis, medical condition or special need? If so please let us know any special consideration or adaptations that will help them be successful?

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Has your child been immunized? No Yes  
(Please provide a copy of your child's immunization record)

### Current Developmental Information

Do you have any concerns regarding your child's current development:

- Motor Skills: No Yes
- Expressive Communication (e.g.: pronunciation, speech): No Yes
- Receptive Communication (e.g.: understanding, following directions): No Yes
- Hearing: No Yes
- Vision: No Yes
- Cognitive Skills (e.g.: knowledge of body parts, colours, numbers, letters, shapes): No Yes
- Behaviour: No Yes
- Interactions with other children (Social Development): No Yes
- Emotional Developmental: No Yes

If yes to any of the above, please describe:

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Please describe your child's strengths, gifts, and talents (e.g.: musical skills, pretend skills):

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Tell us about your child's, favourite toys/objects/activities/books/ what they do for fun?

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Is your child on a special diet? Is there information regarding food likes / dislikes?

Please describe:

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Has your child been toilet trained? No Yes

Do you have any special instructions, words for potty time, particular toileting routine you do at home?

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Does your child have security items, fears, religious or cultural observances, or other things we should know about?

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Summer Week Attending: [please put an X beside the week(s) your child will attend the summer camp(s)].

July 6-10		August 10-14	
July 13-17		August 17-21	
July 20-24		August 24-28	
July 27-31		August 25,26 &27 (3days)	

In case of accident or serious illness, I the undersigned, hereby authorize Kinderplace Staff to contact a physician and/or an ambulance if parent cannot be reached immediately.

*\*\* Please let us know if you provide your consent for OSNS to take pictures and videos of your child. We can better engage our community by showing the work we do at OSNS.*

Yes, I consent

No, I do not consent

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Staff Person Checking Registration

*Note: Once you have filled out this form, please email it to [info@osns.org](mailto:info@osns.org)*