



Mountain View Preschool
MODIFIED MONTESSORI

EMERGENCY FORM

STUDENT NAME:

DATE OF BIRTH:

GENDER:

☐ Male

☐ Female

*Child's Photo
(For Emergency Purposes)*

EYE COLOR:

HAIR COLOR:

WEIGHT:

HEIGHT:

DISTINGUISHING BIRTHMARKS:

*Information supplied on this form is for the custody and control of the childcare facility.
Collection of such information is required by the Child Care Licensing Regulation
as determined by BC Ministry of Health.*

Mountain View Preschool, Modified Montessori
1375 Loseth Drive, Kelowna, BC V1P 1M8 250-765-7791
grace@kelownapreschool.com

PARENT / GUARDIAN (1): _____
STREET/CITY: _____
POSTAL CODE: _____
PHONE #: _____ (home #) _____ (cell #)

(work #)
EMAIL: _____
PLACE OF WORK: _____

PARENT / GUARDIAN (2): _____
STREET/CITY: _____
POSTAL CODE: _____
PHONE #: _____ (home #) _____ (cell #)

(work #)
EMAIL: _____
PLACE OF WORK: _____

CUSTODY AGREEMENT: ☐ No ☐ Yes
... If "Yes", please include copy

EMERGENCY CONTACT: _____
STREET/CITY: _____
POSTAL CODE: _____
PHONE: _____ (home #) _____ (cell #)

(work #)
PLACE OF WORK: _____

OTHER PERSONS AUTHORIZED TO PICK-UP CHILD FROM FACILITY:

NAME	PHONE
1.	
2.	
3.	

PERSONS NOT PERMITTED TO ACCESS CHILD:

(if applicable)

NAME	PHONE
1.	
2.	

RESTRAINING ORDER: ☐ No ☐ Yes
... If "Yes", please include copy

FAMILY DOCTOR:

(phone #)

CHILD CARE CARD #

(phone #)

SPECIAL MEDICATIONS:

... If "Yes", please describe

☐ No ☐ Yes

ALLERGIES:

... If "Yes", please describe

☐ No ☐ Yes

VISION / HEARING / SPEECH CONCERNS:

... If "Yes", please describe

☐ No ☐ Yes

OTHER ONGOING HEALTH CONCERNS:

... If "Yes", please describe

(e.g. bronchitis, ear infections, etc)

☐ No ☐ Yes

BC ROUTINE IMMUNIZATION SCHEDULE INFANTS & CHILDREN

	A G E	2 months	4 months	6 months	12 months	18 months	4-6 years
VACCINE							
DTaP-HB-IPV-Hib (diphtheria, tetanus, pertussis, hepatitis B, polio, <i>Haemophilus</i> <i>influenzae</i> type b) 1. Vaccine HealthFile		✓	✓	✓			
DTaP-IPV-Hib (diphtheria, tetanus, pertussis, polio, <i>Haemophilus influenzae</i> type b) 1. Vaccine HealthFile						✓	
DTaP-IPV (diphtheria, tetanus, pertussis, polio) 1. Vaccine HealthFile							✓
Pneumococcal conjugate ‡ 1. Vaccine HealthFile		✓	✓		✓		
Meningococcal conjugate C 1. Vaccine HealthFile		✓			✓		
MMR (measles, mumps, rubella) 1. Vaccine HealthFile					✓		✓
Varicella (chickenpox) 1. Vaccine HealthFile					✓		✓
Rotavirus 1. Vaccine HealthFile		✓	✓				
Influenza 1. Vaccine HealthFile				✓* (6-23 months)			
Hepatitis A ♦ 1. Vaccine HealthFile				✓		✓	✓ □

IMMUNIZATION STATUS
(Indicate Dates Received)

... or provide
copy of updated
Immunization Record

FIRST LANGUAGE:

SECOND LANGUAGE: (IF APPLICABLE)

TOILET TRAINED:

CHILD'S PREVIOUS EXPERIENCE

AWAY FROM HOME:

... If "Yes", please describe
(e.g. Daycare, Preschool, etc)

SPECIAL DIET:

... If "Yes", please describe

LEARNING / PHYSICAL CONCERNS:

... If "Yes", please describe

BEHAVIORAL / EMOTIONAL CONCERNS:

... If "Yes", please describe

SIGNIFICANT CHANGES IN CHILD'S LIFE:

... If "Yes", please describe
(e.g. death, separation/divorce, move, etc)

☐ Yes ☐ Needs Assistance

☐ None ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

☐ No ☐ Yes

OTHER CHILDREN LIVING AT HOME:

NAME	DATE OF BIRTH
1.	
2.	

I hereby give my consent to staff members of Mountain View Preschool:

- a) to call an ambulance or medical practitioner for my child in the case of accident or illness, if I cannot be reached immediately; and,
- b) to release my child to any of the persons indicated on page 2 of this form as:
 - PARENT / GUARDIAN (subject to the parent / guardian NOT being subsequently listed as PERSON NOT PERMITTED TO ACCESS CHILD);
 - ALTERNATE EMERGENCY CONTACT; or,
 - OTHER PERSONS AUTHORIZED TO PICK-UP CHILD FROM FACILITY.

PARENT / GUARDIAN SIGNATURE

TO BE COMPLETED BY PRESCHOOL STAFF ...

DATE OF ENROLLMENT:

DATE OF COMPLETION: