

# Future Stars' Learning Centre

6 Aster Crt, Halifax, Nova Scotia, B3S 1G5

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## Application Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Father's/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Health Information:

Provincial Health Care Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Doctor and/or clinic Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Which communicable diseases has your child had (measles, mums, etc.)? \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Is your child under a Doctor's care for any particular reason? Yes \_\_\_ No \_\_\_

If yes, why? \_\_\_\_\_

Is he/she on any medication? If yes, what? \_\_\_\_\_

\_\_\_\_\_

Who, other than the child's parents, has permission to pick the child up from the Centre?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Note:**

I am willing for my child \_\_\_\_\_ to go on outside expeditions with adequate adult supervision.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

Future Stars Learning Centre will not be held responsible for minor injuries obtained in the usual child's play.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

I am willing for my child \_\_\_\_\_ to have medical attention, and be taken to the hospital in the case of an emergency, if I/we cannot be reached.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

**For staff use only:**

Date of admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Daycare service requested: Full time \_\_\_\_\_

Part time: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

### Child's Health Questionnaire

Name of child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Provincial Health Care Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Emergency Contact:

Adult to contact if you cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (work) \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Doctor and/or clinic

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

<b>Immunization Record</b>					
Give dates Y/M/D					
	1st	2nd	3rd	4th	5th
DTP					
HIB					
MMR					
TDP					
IB					
Other					