



Dear Tree House Parents/Guardians,

Please select which days and times you are requesting.

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Years 8:50 – 11:50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Years with Lunch 11:50 – 12:50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Years Extended Day 8:50 – 2:50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select which days and whether it is **Before School Care or After School Care** you are requesting, Preschool children moving onto this program will be placed at the top of our waiting list and offered priority placement if spaces are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Once completed to your satisfaction, please save it and send it back to me.

Thank you for your cooperation while we streamline our new processes.

Regards,

Diana Elligott



Irwin Park Tree House Emergency Contact Form

	Name _____	date of birth d/m/y _____
	Address _____	home phone _____
	_____	allergies _____
	Mother's name _____	cell # _____
	Father's name _____	cell # _____
	Doctor _____	# _____
	Care card# _____	
	Alternate contact _____	# _____
	Date _____	Alternate contact _____
		# _____
Out of Area Contact _____	# _____	
Special conditions _____		
Parent/Guardian signature _____		

TreeHouse Consent form, for Medical Attention

If a child should require medical attention, our procedure is as follows. To the best of our ability assist the child, notify a parent and call for immediate help for your child. On rare occasions, if we cannot contact a parent we need to have this signed consent form on file so that we can take appropriate action on behalf of your child. This form will come with your child to the clinic or emergency room, giving us permission to seek help for them.

My child's name _____

Care Card # _____

I authorize the staff or person in charge of IRWIN PARK TREEHOUSE to call a physician; take my child to the nearest emergency centre; or call an ambulance for emergency medical aid; should the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I understand I shall be notified as soon as possible. I agree that any cost incurred for such service shall be the sole responsibility of myself.

Parent/guardian signature _____

Date _____ Witness _____



Irwin Park Tree House Consent Forms

PERMISSION SLIP FOR FIELD TRIPS/ EXCURSIONS

On special occasions during the year, the Tree House offers field trips and excursions to different destinations. We believe this enhances the learning experiences for our children.

To do this, we are required to have on file permission forms the parents or guardians have completed that allows your child to join us on these outings.

Please complete and sign this form. It will be kept on file in our files and updated yearly.

I give permission to allow my child _____

to accompany the teachers of the Tree House on any field trips/outings that take place during the year.

Parent/ Guardian name: (Please print) _____

Parent's Signature: _____

Date: _____ (M/D/YY)