Sunshine Learning Centre Inc.
BRIGHTENING FUTURES ONE CHILD AT A TIME

All information must be completed and returned prior to the start of your child's sessions.

Forms can be mailed to:

Sunshine Learning Centre Inc.
5240 Main Street South
Uxbridge, Ontario
L9P 1R4

Child's Information

Last name: _____ Date of Birth: _____

First Name: _____ Age: _____

Sex: Male or Female

School or Daycare: _____

Family Information

___parent ___guardian

Parent 1:

Salutation: __Mr. __Mrs. __Ms. ___Other

Last Name: _____

First Name: _____

Home Phone: ( )_____

Bus. Phone: ( )_____

Cell Phone: ( )_____

Fax Number: ( )_____

E-Mail: _____

Parent 2:

Salutation: __Mr. __Mrs. __Ms. ___Other

Last Name: _____

First Name: _____

Home Phone: ( )_____

Bus. Phone: ( )_____

Cell Phone: ( )_____

Fax Number: ( )_____

E-Mail: _____

Family Status

Is there a divorce in the family? __yes __no Is there a separation in the family? __yes __no

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If yes (to either) who has custody? _____
Please include a note regarding custodial arrangements and concerns if applicable. All documentation will be held in strictest confidence. If there are any restrictions on either spouse picking up their child, full documentation must be submitted prior to the start of sessions.

Will you require Sunshine Learning Centre Inc. to send duplicate information to a former spouse or guardian? __yes __no

If yes, please provide the necessary information:

Last Name: _____ First Name: _____

Street: _____ City: _____ Postal Code: _____

Main phone: ( )_____

Address and Billing Information

Mailing Address Of:

__family __parent 1 __parent 2

Street: _____

City: _____

Postal Code: _____

If Billing Address Is Different:

Person being billed: _____

Street: _____

City: _____

Postal Code: _____

Medical Information

Child's Health Card Number: _____

Name of Child's Doctor: _____

Doctor's Phone Number: _____

Please check any of the following that apply to your child:

__frequent ear infections	__diabetes	__epilepsy	__bedwetting
__asthma	__heart defect	__hyperactivity	__sleepwalking
__bleeding disorders	__convulsions	__hypertension	__chicken pox

Indicate dates of basic immunization or most recent booster:

_____DPT _____Polio _____Measles _____Current Tetanus

If you cannot provide a date for your child's tetanus shot, please initial the following "In case of emergency, the attending physician may administer a tetanus booster." _____

Has your child had any operations recently? Please provide dates as well as information regarding the procedure(s).

_____
_____
_____
_____
_____
_____

Does your child your child have a serious or chronic illness? Please provide information regarding your child's illness.

_____
_____
_____
_____
_____
_____

Please provide a list of any prescription drugs your child is currently taking and any instructions.

_____
_____
_____
_____
_____
_____

Allergies

Does your child have any allergies? __yes __no

If yes, please list them below:

_____
_____
_____

Please describe the symptoms your child may exhibit should they have an allergic reaction.

_____
_____
_____
_____
_____

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Are any of the allergies listed above life threatening? __yes __no

If yes, please list which ones:

_____
_____
_____

Does your child carry an epi-pen? __yes __no

If yes, where is your child's epi-pen kept?

_____
_____
_____

Dietary Restrictions

Please list any dietary restrictions that your child has.

_____
_____
_____

Emergency Contact Information

Please provide emergency contact information for people who may be contacted in the event that we cannot reach the child's primary contacts (parents/guardians).

Emergency Contact 1:

Name: _____ Relationship to child: _____

House Phone: ( )_____

Bus. Phone: ( )_____

Cell Phone: ( )_____

Emergency Contact 2:

Name: _____ Relationship to child: _____

House Phone: ( )_____

Bus. Phone: ( )_____

Cell Phone: ( )_____

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Additional Information

We have attached a questionnaire for you to fill out in order for us to get to know your child. Please answer the questions with as much detail as possible.

Behaviours

Please tell us about behaviours that your child engages in or exhibits. What does the behaviour look like? How long does it usually last for? How often does the behaviour occur?

Telephone: (647) 725-2557
Email: info@sunshinelearningcentre.com
www.sunshinelearningcentre.com

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Sensory Concerns

Please list any sensitivity your child has to sensory experiences such as tastes, smells, textures, noises and sounds etc.

Likes

Please list any foods, toys, activities, or games that are reinforcing to your child.

Dislikes

Please list any foods, toys, activities, or games that are aversive to your child.

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Goals

Please go through each goals section and fill out what goals are most important to you for your child's programming.

Social Goals

_____
_____
_____
_____
_____
_____

Behavioural Goals

_____
_____
_____
_____
_____
_____

Academic Goals

_____
_____
_____
_____
_____
_____

Self Help/Life Skills Goals

_____
_____
_____
_____
_____
_____

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Parental Consent

I understand that by signing below I have willingly chosen to allow my child(ren) to participate in the programming provided by Sunshine Learning Centre Inc. I am aware that Sunshine Learning Centre Inc. has done everything within its power to ensure that all programs are administered safely and securely. I also understand that despite the best efforts of Sunshine Learning Centre Inc. there may be inherent risks that are out of the control of Sunshine Learning Centre Inc., and I recognize that Sunshine Learning Centre Inc. cannot guarantee that all programs will be free from accident or injury.

In addition, I hereby give Sunshine Learning Centre Inc. permission to seek help from emergency services in the case of accident or injury should I not be able to be reached. I understand that in giving my permission I am agreeing to allow Sunshine Learning Centre Inc. to seek medical attention and to allow for medical procedures to take place on the advice of medical professionals should I not be able to be contacted.

Signed,

_____ _____
Parent/guardian's signature Date

_____ _____
Parent/guardian's signature Date

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Credit Card Information

Sunshine Learning Centre Inc. is pleased to offer families the option to pay by credit card. If you are interested in being charged by credit card, please fill out the following information and return it with your intake package.

Information

Name: _____

Card type:

____Visa ____MasterCard

Credit card number: _____

Expiry date: _____

Cardholder's name: _____

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