

Child Information Form

2026–2027 School Year • Please print clearly

This form contains your child's general enrollment, health, and support information. Emergency contacts and alternate pick-up information are collected on a separate form.

1. Child Information

Child's full legal name

Preferred name

Date of birth

_____ Age: _____

Gender (optional)

Hair / eye colour

Hair: _____ Eyes:

Height / weight

Height: _____ Weight:

Child's primary address

2. Parent / Guardian Information

Parent/Guardian 1

Name:

Cell: _____ Email:

Address

☐ Same as child Other:

Parent/Guardian 2

Address

Name:

Cell: _____ Email: _____

☐ Same as child Other:

3. Family & Cultural Information

Country of birth

Languages spoken at home

Cultural, family or religious considerations

Optional: Is there any cultural or Indigenous identity information you would like us to know in order to support your child and family?

4. Previous Early Learning Experience

Has your child attended an early learning / preschool program before?

☐ Yes ☐ No

Program / school

Approximate length of attendance

5. Parenting, Guardianship & Access

Family / parenting arrangement

☐ Two-parent household ☐ Sole parent ☐ Shared parenting ☐ Guardian(s) ☐ Other

Ministry guardianship or alternate care?

☐ Yes ☐ No If yes, please speak privately with Little Me.

Current court orders relating to parenting, residence or contact?

☐ Yes ☐ No If yes, please provide a current copy.

Anyone NOT permitted to access or pick up the child?

☐ Yes ☐ No

If yes, name/details

6. Dietary Information

Dietary needs / preferences

☐ Vegetarian ☐ Vegan ☐ Dairy-free ☐ Gluten-free
☐ Other

Details

7. Allergies

Important: Please identify all known allergies or food intolerances. If your child has a diagnosed allergy requiring an emergency response, Little Me will require the appropriate medical/emergency plan and medication before attendance.

Known allergies / intolerances

☐ None known

Possible triggers

Signs / symptoms

Emergency plan required?

☐ Yes ☐ No ☐ Unsure / to be discussed

Plan / medication provided?

☐ Yes ☐ No ☐ Not applicable

8. Health, Medical & Medication Information

Does your child have a diagnosed health condition?

☐ No ☐ Yes

Please check any that apply

☐ Asthma ☐ Anaphylaxis ☐ Seizures ☐ Diabetes
☐ Other

Details / daily considerations

Health-care / medication plan required?

☐ Yes ☐ No ☐ To be discussed

Plan attached / provided

☐ Yes ☐ No ☐ Not applicable

9. Additional Needs & Development

Diagnosed disability / additional support need?

☐ No ☐ Yes

Details

Any concerns about development, behaviour, language, personal care or participation?

☐ No ☐ Yes

Details / strategies that help your child

Agencies / professionals involved

Contact person / phone / email

Support currently received

10. Doctor / Health-Care Information

Family doctor / clinic

Doctor: _____ Clinic: _____

Phone

BC Personal Health Number

If no family doctor, preferred clinic / hospital

11. Emergency Medical Authorization

I understand that if my child requires urgent medical attention, Little Me staff will call 911 for an ambulance and provide relevant information to emergency personnel. I understand that staff will make reasonable efforts to contact a parent/guardian and the emergency contacts listed on the separate Emergency Information & Contacts Form.

Parent/Guardian printed name

Signature

Date

Office Use Only

First day

Last day (if applicable)

Required plans / documents received

☐ Allergy / emergency plan ☐ Medication plan ☐
Court order ☐ Other: _____