



Fern Flower - Nature School  
Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3  
Phone Number: 250-299-2054  
E-mail: [fernflowernature school@gmail.com](mailto:fernflowernature school@gmail.com)

## Registered Participant Information Form

Program:

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Child's Name:

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Nickname:

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Child's Birthday:

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Child's age:

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Address:

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Care Card Number:

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First Day of Attendance:

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Last Day of Attendance:

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## PARENT/GUARDIAN INFORMATION:

### Parent/Guardian 1:

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

Relationship to Child: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Home - \_\_\_\_\_

Phone Numbers (please indicate home/work/cell):  
Work - \_\_\_\_\_

Cell - \_\_\_\_\_

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

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

### Parent/Guardian 2:

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

Relationship to Child: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Home - \_\_\_\_\_

Phone Numbers (please indicate home/work/cell):  
Work - \_\_\_\_\_

Cell - \_\_\_\_\_

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

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

Which parent/guardian would you like NS staff to primarily communicate with:

☐ Parent/Guardian 1

☐ Parent/Guardian 2



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### IN CASE OF EMERGENCY:

Child's Name: \_\_\_\_\_

#### Parent/Guardian to contact FIRST:

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

Relationship to Child: \_\_\_\_\_

Home - \_\_\_\_\_

Phone Numbers (please  
indicate  
home/work/cell):

Work - \_\_\_\_\_

Cell - \_\_\_\_\_

#### Parent/Guardian to contact if the above cannot be reached:

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

Relationship to Child: \_\_\_\_\_

Home - \_\_\_\_\_

Phone Numbers (please  
indicate  
home/work/cell):

Work - \_\_\_\_\_

Cell - \_\_\_\_\_

#### Emergency Contact (if neither of the above can be reached):

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

Relationship to Child: \_\_\_\_\_

Home - \_\_\_\_\_

Phone Numbers (please  
indicate  
home/work/cell):

Work - \_\_\_\_\_

Cell - \_\_\_\_\_



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In case of an emergency, I hereby consent to have my child taken to the nearest appropriate hospital or other medical facility by ambulance. I understand that I (or my emergency contact) will be informed as quickly as possible.

☐ Yes

☐ No

Initial here: \_\_\_\_\_

### **Persons Not Permitted Access:**

The safety and well-being of the children attending Fern Flower – Nature School is our top priority. To ensure a secure environment, this policy outlines the procedures for restricting access to a child's Nature School file for specific individuals.

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

Relationship to Child: \_\_\_\_\_

Categories of Restriction:

☐ Legal Restrictions: Individuals who are legally prohibited from accessing the child's information due to court orders, custody disputes, or other legal matters. Please provide the documents to the file.

☐ Safety Concerns: Individuals who pose a threat to the safety or well-being of the child, as determined by the FFNS administration.

The reason the person is not permitted to pick up a child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial here: \_\_\_\_\_



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I give consent for my child to be given:

- Antihistamine cream for bites and stings
- Antibiotic or antiseptic cream for scrapes and cuts
- Sunscreen and/or DEET-free insect repellent
- EpiPen and/or Benadryl (in the event of an unexpected life-threatening allergic reaction)
- Any medication that I provide along with written, signed instructions (see above)

Initial here: \_\_\_\_\_

I have read, understood and signed the Assumption of Risk/Informed Consent Form and in the case of an injury to my child while in the care, custody, or control of NS, I agree to be solely responsible for any injury, loss or damage that my child might sustain while participating in activities at Fern Flower Nature School. I agree to release Fern Flower Nature School, its Directors, Educators, Facilitators, Volunteers, and Participants from all responsibility for any injury, loss, or damage which my/our child might sustain while participating in any NS activity.

Initial here: \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION:

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM/DD/YEAR)

Gender: ☐ Male ☐ Female

Age as of  
Program Start  
Date: \_\_\_\_\_

Health Card  
Number: \_\_\_\_\_

Health Card  
Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM/DD/YEAR)

Family Doctor: \_\_\_\_\_

Family Doctor's  
Phone Number: \_\_\_\_\_

Dentist's name: \_\_\_\_\_

Dentists' phone  
number: \_\_\_\_\_

Are your child's immunizations up to date?

- ☐ Yes ☐ My child is not immunized  
☐ No

*Note: Parent/Guardian must provide a photocopy of immunization records if they immunize the child, if they did not immunize the child, please note it above.*

Does your child suffer from any allergies?

- ☐ Yes ☐ No



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Please be specific – include type, allergen, type & severity of reaction, management/treatment/medication.

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Note: Parent/Guardian must provide a photocopy of immunization records if they immunize the child, if they did not immunize the child, please note it above.

*Does your child have any pre-existing medical conditions?*

☐ Yes (please explain below)

☐ No

Please be specific – include details, history, management/treatment/medication.

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*Does your child have any other health concerns?*

☐ Yes (please explain below)

☐ No

Please be specific – include as much information as you can as it pertains to FFNS program activities (i.e. restrictions).

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Does your child require an Epi-Pen?

☐ Yes (please see below)

☐ No

You MUST fill out, sign and submit an ANAPHYLAXIS EMERGENCY PLAN FORM.

\*\*\* If your child is required to carry their EpiPen (i.e. bee/wasp allergy), please provide two non-expired EpiPens; one for your child to carry with them and one to keep at the home base. \*\*\*

Does your child require any medication/treatments during programs?

☐ Yes (please explain below)

☐ No

Please be specific – include which medications/treatments at which times.

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Has your child had the following common childhood illnesses? Does your child have any problems with any of these? Has your child had any of these diseases? (Please check this box if the answer is yes)

☐ Constipation

☐ Asthma

☐ Convulsion

☐ Bronchitis

☐ Diarrhea

☐ Chicken Pox

☐ Fainting Spells

☐ Diabetes

☐ Frequent Colds

☐ Heart Disease

☐ Frequent Ear Infections

☐ Hepatitis

☐ Frequent Sore Throats

☐ Impetigo

☐ Lice

☐ Measles

☐ Ringworm

☐ Mumps

☐ Skin Rash

☐ German Measles

☐ Soiling Polio

☐ Stomach Upsets

☐ Scarlet Fever

☐ Urinary Problem

☐ Tuberculosis

☐ Worms

☐ Whooping Cough

☐ Other: \_\_\_\_\_

Does your child have any speech, hearing or visual problems?

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Would there be any restrictions to play or activities?

\*\*\* ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS MUST BE LEFT WITH NS STAFF\*\*\*.

Prescription medication brought to NS must be in its original packaging and must be labelled with the doctor's name, child's name, dosage, schedule, and date. A pharmacy-issued blister pack is required if your child requires 3 or more daily medications. If any over-the-counter medications are sent to Fern Flower Nature School with your child, they must be in the original package and left with NS Staff. \*\*\*

Please use this space to include any further information regarding your child's medical information or medication/treatment plan:

I confirm that the medical information provided is accurate and up to date.

Initial here: \_\_\_\_\_



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I agree to inform FFNS staff should my child's health or medication plan change during a program for which my child is registered.

Initial here: \_\_\_\_\_

I give my permission to FFNS staff to follow the above-described medication/treatment plan (if applicable) during program hours.

Initial here: \_\_\_\_\_

## ABOUT THE CHILD:

Child's Name: \_\_\_\_\_

Has your child ever been in childcare before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type?	
Was it a positive experience?	
Why are you looking for child care?	
How does your child feel about Nature School and being left by his/her mommy/daddy?	
Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?	
What is your normal method of discipline?	

What is your child's temperament? Are they easygoing, hard to please, demanding, aggressive, etc.		
What is your child's favourite food?		
What food does your child dislike?		
Are there any siblings? Please name them and specify their ages and gender.	Name:	
	Age:	
	Gender:	
	Name:	
	Age:	
	Gender:	
Has your child had experience playing with other children?		

What language(s) are spoken at home?	
Does your child have any security objects such as a blanket, soother, bottle, toy etc.?	
What are your child's favourite activities, toys, books, or games?	
Are there any other comments or information you would like to let me know about?	
Any specific concerns?	

### PICK-UP AUTHORIZATION:

Please provide the full names & phone numbers of anyone authorized to pick up your child (other than the parents/caregivers & emergency contacts listed above):

Name:	_____
Relationship to Child	_____
Phone Numbers (please indicate home/work/cell):	Home - _____
	Work - _____
	Cell - _____
Email Address:	_____
Mailing Address:	_____

#### Unauthorized Pick-up Procedure:

If someone other than a parent/authorized alternate pick-up person arrives to pick up a child and we haven't been notified in advance by the authorized parent or pick-up person, we will:

1. Call the parent for verbal authorization.
2. If a parent cannot be located, the child is not allowed to leave KFNS until a parent has been contacted.
3. FFNS staff will remain with the child until an authorized pick-up person arrives.
4. In the case that the parent/authorized alternate pick-up person appears intoxicated or impaired assist in making other pick-up arrangements (i.e., a spouse or other authorized person).

According to the law, both parents of a child have equal access to a child and to the information about the child's development, health and welfare. The only time an FFNS staff member can deny access to a parent to a child is when there is a written separation agreement or a legal court order. FFNS requires a copy of this document.



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### **CONFIRMATION & SIGNATURE:**

I confirm that the information given in this form is true, complete and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_