



Dear Parent,

Because we are concerned with the safety of the children we require that you provide the following information prior to your child attending Rainbows:

Child's Name: _____

Group Level: _____

Parent's Name: _____

Phone Number: _____ Other: _____

The following people have permission to pick up my child from group:

- Only the Parent named above
- Other

(We require these persons present picture identification before your child is released into their care)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____

Your child's Alberta Health Care Number: _____

If your child has any special needs (eg. Mental or physical), allergies, or is on any ongoing medication please indicate below:

Are there any additional safety concerns or information that we should be aware of (for example: angry ex spouse, tendency of child to run away when upset etc)

Parent Name: _____ Signature: _____

Date: _____