

## Designated Parent Information and Records

Please fill out the following form with any information related to parent education or child development. Appendix A and B is to be given to and filled out by outside parties listed. Return all forms to your preschool.

### Section 19 and 29 – Relevant work history, training and skills

#### A) Record of work history or experience with children (this experience can be volunteer or paid)

Workplace/Organization	Additional Information

#### B) Training or skills relevant to experience with children

Please give a brief description of training taken and attach documents or certificates if obtained

#### C) Training relevant to Section 29: 20 hours of training in parent education/child development

\* Please note: This training must be in the subject area of child development, guidance, health and safety or nutrition.

Type of training?	
Number of hours taken?	
Where was training obtained?	
Proof of training attached (copy of certificate)	

### Immunization Record

Immunization Status for ( <i>print name</i> ) _____	
To the best of my knowledge my immunization status is: <input type="checkbox"/> Complete and up to date (attach documentation) <input type="checkbox"/> Some immunization but unsure of dates/completion <input type="checkbox"/> Not immunized	
_____	_____
Parent Signature	Date

**Appendix A : Character References**

*(References may be from a friend, co-worker or (one) family member who can support that the designated parent is of good character and has the personality, ability and temperament to work with children.)*

**No. 1** I \_\_\_\_\_ (*reference name*) , have known  
\_\_\_\_\_ (*designated parent*) since \_\_\_\_\_ (*date*) and I  
have had the opportunity to witness her/him interacting appropriately with children.

\_\_\_\_\_ \_\_\_\_\_  
Reference Signature Date

**No. 2** I \_\_\_\_\_ (*reference name*) , have known  
\_\_\_\_\_ (*designated parent*) since \_\_\_\_\_ (*date*) and I  
have had the opportunity to witness her/him interacting appropriately with children.

\_\_\_\_\_ \_\_\_\_\_  
Reference Signature Date

**Appendix B : Medical Statement**

*Section 19(1)(e) of the Child Care Licensing Regulation requires any person who will be working with children to obtain a medical statement indicating that person is physically and psychologically capable of working with children and carrying out assigned duties.*

I, Dr. \_\_\_\_\_, believe my patient  
\_\_\_\_\_ (*parent name*), is physically and psychologically capable  
of working with children and carrying out the assigned duties at Cordova Bay Preschool.

\_\_\_\_\_ \_\_\_\_\_  
Doctor Signature Date



# Parent Helper Emergency Information Form

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

In the event of a medical emergency involving a parent helper, we will need to have your medical information on file. For each person who will be doing duty days (mother, father, grandmother, or caregiver), please complete and return the following:



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

Care Card Number: \_\_\_\_\_

Doctor's Name & Number: \_\_\_\_\_

Emergency Contact Person  
Name and Number: \_\_\_\_\_



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

Care Card Number: \_\_\_\_\_

Doctor's Name & Number: \_\_\_\_\_

Emergency Contact Person  
Name and Number: \_\_\_\_\_



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

Care Card Number: \_\_\_\_\_

Doctor's Name & Number: \_\_\_\_\_

Emergency Contact Person  
Name and Number: \_\_\_\_\_



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

Care Card Number: \_\_\_\_\_

Doctor's Name & Number: \_\_\_\_\_

Emergency Contact Person  
Name and Number: \_\_\_\_\_