



Business Tel No. \_\_\_\_\_ Work Hours: \_\_\_\_\_

Other children in the family: \_\_\_\_\_ Age: \_\_\_\_\_

Other members living in the family:

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**CHILD'S HEALTH AND PERSONAL INFORMATION**

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Does your child have or had any of the following diseases? Please put a check mark in correct column.

<b>DISEASE</b>	<b>YES</b>	<b>NO</b>	<b>DISEASE</b>	<b>YES</b>	<b>NO</b>
Measles	[ ]	[ ]	Heart Disease	[ ]	[ ]
German Measles	[ ]	[ ]	Rheumatic Fever	[ ]	[ ]
Scarlet Fever	[ ]	[ ]	Kidney Disease	[ ]	[ ]
Whooping cough	[ ]	[ ]	Diabetes	[ ]	[ ]
Mumps	[ ]	[ ]	Infectious Hepatitis	[ ]	[ ]
Chicken pox	[ ]	[ ]	Convulsions	[ ]	[ ]
Poliomyelitis	[ ]	[ ]	Sickle Cell/Trait	[ ]	[ ]
Epilepsy	[ ]	[ ]	Lice	[ ]	[ ]
AIDS	[ ]	[ ]	Other (Explain) _____		

Does your child have:

A. Frequent Colds?

Yes [ ]

No [ ]

If yes explain:

B. Tonsillitis?

Yes [ ]

No [ ]

C. Ear Aches?

Yes [ ]

No [ ]

D. Does the child vomit very easily?

Yes [ ]

No [ ]

E. Does the child run high fevers?

Yes [ ]

No [ ]

F. Has the child had any serious accidents?

Yes [ ]

No [ ]

If yes explain:

G. Is the child allergic to anything or has allergies? Yes [ ]

No [ ]

If yes how does the allergy usually show itself?

Asthma \_\_\_\_\_

Hay Fever \_\_\_\_\_

Hives \_\_\_\_\_

Others (explain) \_\_\_\_\_  
\_\_\_\_\_

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## IMMUNIZATION RECORD

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Type Of Immunization

Number of times and dates received for each

(1)

(2)

(3)

(4)

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DTP or DT

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Polio

---

Red Measles

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Rubella (German Measles)

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Mumps

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BCG

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Influenza

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Hepatitis B

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**PLEASE CHECK**

Are Immunizations up to-date for your child? Yes [ ] No [ ]

Does your child have a speech impediment? Yes [ ] No [ ]

Has your child's hearing ever been tested? Yes [ ] No [ ]

Has your child's eyes been screened or examined? Yes [ ] No [ ]

Does your child wear glasses? Yes [ ] No [ ]

If yes, Why?

Is there any history of eye disease in your family? Yes [ ] No [ ]

Has your child been enrolled in another school before? Yes [ ] No [ ]

If yes, reasons for terminating enrollment at previous school?

Reasons why you want your child to be enrolled at Wee First?



Fees were paid

Yes [ ]

No [ ]

If no, fees will be paid on the \_\_\_\_\_

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### FORM OF PAYMENT OF FEES

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Monthly [ ]

Per Term [ ]

Cheque [ ]

Cash [ ] *(has to be deposited at Bank of St. Lucia)*

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Administrator's Signature

Date

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### PRE-SCHOOL PARENT'S CONTRACT

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The conditions of this agreement provide protection for parents as well as the school to ensure that we can provide the services that the children are entitled to. It is essential that the financial status of the school is stable. This agreement is a parental guarantee to the school to ensure economical viability and the enrollment space for the children.

#### AGREEMENT

1. To pay on the first day of each month/term an advance fee of \$ \_\_\_\_\_ with no deductions for absence and withdrawal or termination of service.
2. I understand that if my child remains at the school past the scheduled pick up time, I will be charged and agree to pay the overtime fee.
3. In the event of a physical accident or emergency illness, if I am not immediately available, the medical practitioner selected by the school may treat or hospitalize my child. Transportation to the nearest medical centre may be provided without liability to the driver or staff of the school. I will be responsible for any payment for such care and treatment.

In the best interest of security, please call the school and give a written note to anyone other than the usual person who is coming to pick up your child.

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Parent's or Guardian's Signature

Date