

### **Jumping Jack Childcare Limited Screening Form**

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

Date of Birth: \_\_\_\_\_

Tentative date of Enrolment: \_\_\_\_\_

Gender: Male / Female / Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### **Parent/Guardian Information:**

Parent/Guardian 1 Name: \_\_\_\_\_

Parent Profession: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent Profession: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Emergency Contact Information:**

Emergency Contact Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

#### **Screening Questions:**

1. Has your child ever attended daycare or preschool before? Yes / No If yes, please provide details: \_\_\_\_\_



399 Fizet Ave. Kelowna, V1X 7P6, BC, Canada



+1-236-338-0451



jumpingjackchildcare@gmail.com

2. Is your child fully vaccinated according to the recommended schedule? Yes / No If no, please provide details: \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any allergies or medical conditions? Yes / No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_
4. Is your child currently taking any medication? Yes / No If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_
5. How would you describe your child's personality and temperament?  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any special needs or requirements that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your goals and expectations for your child's experience at Jumping Jack Childcare Limited?  
\_\_\_\_\_  
\_\_\_\_\_
8. How did you hear about Jumping Jack Childcare Limited?  
\_\_\_\_\_  
\_\_\_\_\_



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Please provide any additional information that you feel is relevant to your child's enrollment:

**Agreement:**

I understand that the information provided on this screening form will be used to assess my child's suitability for enrollment at Jumping Jack Childcare Limited. I certify that all information provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed screening form to Jumping Jack Childcare Limited.



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