




Client Information

| | | | |
|---|----------------------------|---|---|
| *Last Name | | |  |
| *First Name | *Preferred Name | | |
| *Address | | *Apt # | |
| *City: | *Province: | *Postal Code: | |
| Main phone: () - | Other phone: () - Ext. | Child's Date of Birth: DD - MM - YYYY | |
| Does adult <input type="checkbox"/> or child <input type="checkbox"/> have a life-threatening allergy? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the allergen? | | | |
| What area do you live in? Goulbourn <input type="checkbox"/> Kanata <input type="checkbox"/> West Carleton <input type="checkbox"/> Other: | | | |
| What neighbourhood do you live in? Beaverbrook <input type="checkbox"/> Marchwood <input type="checkbox"/> Bridlewood <input type="checkbox"/> Carp <input type="checkbox"/> Fitzroy <input type="checkbox"/> Kinburn <input type="checkbox"/> Constance Bay <input type="checkbox"/> Dunrobin <input type="checkbox"/> Glen Cairn <input type="checkbox"/> Katimavik <input type="checkbox"/> Hazeldean <input type="checkbox"/> Stittsville <input type="checkbox"/> South March <input type="checkbox"/> Other: | | | |
| What language do you speak at home? English <input type="checkbox"/> French <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Other (Specify): | | | |
| What language do you wish to receive your services in? English <input type="checkbox"/> French <input type="checkbox"/> | | | |
| Please add your email if you wish to receive our calendar, quarterly workshops & more. Email address: | | | |

I give permission for my child(ren) to attend EarlyON programs with their care provider.

IN CASE OF EMERGENCY

| | | |
|---|--------------------------|-------------------------------|
| Contact Person: | Home phone no.: () - | Alternate phone no.: () - |
| Your privacy is important to us. Our "Client Consent Form for Personal Health Information" outlines our policy for the collection, storage, use and disclosure of your information. A copy of WOCRC's Privacy Statement is available on our website at: www.wocrc.ca | | |

Waiver/Release Form and Resource Library

I, _____, understand and agree that in using the program, I do hereby release and forever discharge the EarlyON Child and Family Centre and the Western Ottawa Community Resource Centre, its employees, board of directors, and any volunteers working in the program from, of, and against any claim, demand, suit, judgment and liability of every nature and kind arising from (whether directly or indirectly) out of the use of any toy/equipment used in the program.

I agree to check the resources myself to be satisfied that they are in good condition. I hereby assume complete and full responsibility for any and all injuries to any person or persons that result in whole or in part from using the resource library. I agree to replace any resource that is damaged while in my possession.

| | |
|---|------------------------|
| Client signature OR signature of Parent/Guardian | DD - MM - YYYY Date |
|---|------------------------|

Are you the: Parent/Legal Guardian **Caregiver/Grandparent** Other: _____

I confirm that the information given within this form is true and accurate.

Office use only:

CIMS Email Francophone Welcome Package Card List Active Offer Carp Copy

Attach to: _____