

**ACCOMPANYING CHILDREN ADMISSIONS APPLICATION**

***FOR 0-4 YR OLD CHILDREN***

If parents are bringing their children with them to accompany them on the retreat experience, we ask that the following questions be completed for each child so that we can ensure the best experience for the family as a whole. Please note that parents in the retreat are ultimately responsible for their children's needs and care. Lionsheart Wholeness Centre will act in an additional support role to enhance the families healing and wellness but is not assuming any primary care responsibilities.

Childs Name: Middle Name:

Last Name:

Birth Mothers Name: \_\_\_\_\_\_ Birth Fathers Name:

Health Care Card NO.: Ancestral Background:

Male/ Female: DOB: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Indian Status NO.: Band:

*IF DIFFERENT THAN PARENT(S) COMING INTO BREATHE PROGRAM:*

Home Address:

City: Prov.: Postal Code:

*IF DIFFERENT THAN PARENT(S) COMING INTO BREATHE PROGRAM:*

Current Primary Caregiver(s): \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Relationship: Phone Number:

Community: Address:

Current Status

Please write Y or N to indicate yes or no for each of the following

1. Name & Number of the child’s physician?

2. Does the child have any medical conditions?

3. If yes, please provide details:

4. Is the child on any prescription medications?

 If yes, please list:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does the child have a counselor or support worker?

 If yes,please provide name and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does the child have lice? \_\_\_\_\_\_\_\_

7. Whose legal care is the child under? \_ \_\_\_\_\_\_\_\_\_\_\_ (***please provide order if possible)***

8. Has the child been in foster care or placed previously in kinship care now or in the past?\_\_\_

9. If yes, please provide the name & number of the past placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Is the child potty trained?\_\_\_\_\_\_\_\_\_\_

11. Does the child have any food allergies or allergies of any sort?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. If yes, please list them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have filled out the Lionsheart Wholeness Centre’s Accompanying Children Admissions Application form to the best of my abilities on behalf of my child. I understand that if any information that I have provided to Lionsheart Wholeness Centre is false or misleading that this will end up with a challenge in providing adequate support for myself and my child(rens) stay and possible immediate termination to my admissions at Lionsheart Wholeness Centre if the needs cannot be accommodated.

Printed Name of Parental Applicant:

Parental Applicant’s Signature: Date:

*Thank you for completing this application; LWC will be in contact with you within 72 hours of this application being submitted.*