

**Application for Enrolment**

Type of Child Care Required: □ Full-time □ Part-time

Hours / days of Care:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MON | TUES | WED | THURS | FRI |
|  |  |  |  |  |

During the year, parents can request a modification or cancellation of the type of attendance. The request must be sent to management 2 weeks before the proposed change comes into force. Management has 5 working days to decide whether or not the change request is made. Initial of the parent : \_\_\_\_\_\_\_\_\_\_\_\_

Child Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Health Card Number:** | **Date of Birth:** |
| **Address:** |
| **Language(s) Spoken at Home:** |

Parent Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Relationship to Child:** |
| **Home phone number:** | **Email address:** |
| **Cell phone number:** | **Work (phone):** |
| **Address: Work (address):**□ Same as Child |

|  |  |
| --- | --- |
| **Full Legal Name:** | **Relationship to Child:** |
| **Home phone number:** | **Email address:** |
| **Cell phone number:** | **Work (phone):** |
| **Address: Work (address):**□ Same as Child |

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

| Emergency Contact #1 | Emergency Contact #2 | Emergency Contact #3 |
| --- | --- | --- |
| Full Legal Name:Relationship to Child:Primary Phone Number:Alternate Phone Number: Address:□ Authorized to pick-up child | Full Legal Name:Relationship to Child:Primary Phone Number:Alternate Phone Number: Address:□ Authorized to pick-up child | Full Legal Name:Relationship to Child:Primary Phone Number:Alternate Phone Number: Address:□ Authorized to pick-up child |

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

|  |  |
| --- | --- |
| **Doctor :** | **Phone number :** |
| **Address :** | **Fax :** |

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child’s first day of care.

Immunization Records

Please provide a copy of your child’s immunization record (e.g., yellow card) to the centre prior to your child’s first day of care.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=medical+exemption&NO=010-3041E) form or a [Statement of Conscious or Religious Belief](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=1&ENV=WWE&TIT=religious+belief&NO=010-3042E) form must be completed and provided to the centre. These forms are available on the Ministry of Education’s website.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child’s start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

\*For children under 12 months, supplementary Information for Children Under 12 Months.

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

\*For children under 12 months:

How many naps does your child typically have each day?

At what times does your child typically nap?

How long does your child usually nap?

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers? YES NO

If no, my child:
□ Uses the washroom independently □ Requires some assistance □ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

**POSITIVE DISCIPLINARY**

Please explain the effective positive discipline measures used at home

In the event of an accident, I authorize the employees of the Daycare to provide my child with the necessary care. If the condition of my child so requires, I also authorize transportation by ambulance or otherwise, to a hospital or health facility. It is understood that in an emergency, I authorize the Daycare to disclose the information contained in my child's health record.

Parent's initials: \_\_\_\_\_\_\_

I will not keep the Daycare or Daycare staff responsible for the breakage or loss of a personal item of my child while at the Daycare.

 Parent's initials: \_\_\_\_\_\_\_

Hereby, as a registered parent of the Daycare programs, I declare that I have read the Daycare Parent Policies (Guide du parent) and agree to abide by them.

Parent's initials: \_\_\_\_\_\_\_

I accept that my child is photographed by the Daycare for purposes of advertising or publications: newspapers, website, promotion, ....

Parent's initials: \_\_\_\_\_\_\_

I authorize the nursery educators to collect and share information (written and verbal) with and with the school that my child (ren) attend, in order to allow a good integration and an optimal development. Shared information can include, but is not limited to, topics such as absences, illnesses, transportation and behavior.

Parent's initials: \_\_\_\_\_\_\_

Parent’s name Signature Date