



ENROLLMENT FORM

Date: _____

Attendance information					
Child's Full Name:			Nickname:		
Starting Date:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time			
		Circle Days: M T W TH F			
Program:		<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Preschool	
<input type="checkbox"/> School Age					
Times you plan to drop your child off:					
Times you plan to pick up your child:					

Personal Information	
Child's Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	

Parent / Guardian Information	
Mother's Name:	Father's Name:
(Mother) Home Phone:	(Father) Home Phone:
(Mother) Cell Phone:	(Father) Cell Phone:
(Mother) Work Phone:	(Father) Work Phone:
(Mother) Email:	(Father) Email:

Emergency Contact Person(s)		
1. Name:	Phone:	Relation:
2. Name:	Phone:	Relation:
3. Name:	Phone:	Relation:

Persons to whom the child may be released		
Name	Relation	Telephone

Persons who are not permitted access to my child		
Name	Relation	Telephone

Custody or other legal orders	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, supply a copy to the facility director

Consent for emergency care	
I authorize the staff of the child care center to call a medical practitioner or ambulance/ transport child to emergency medical care, in case of accident or illness of my child(ren), if the parent can not be immediately reached.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

Health Card No. :	Health Plan No. :
Family Doctor:	Family Doctor fax:
Family Doctor phone:	
Family Doctor Address:	

Child's Record			
Is your child up to date on immunization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	A copy of your child's immunizations will be needed
Does your child have any known allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Diagnosis Agency:	Diagnosis Date:		
Are you concerned that your child may be prone to any type of allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Does your child have any medical conditions which the day care should be made aware of?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Does your child have any speech, hearing or visual problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Does your child have any speech problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Does your child have any hearing problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Does your child have any visual problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:
Would there be any restrictions to play or to participate in activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Describe:

Additional information about your child		
Are there any siblings? Please name them and specify ages and gender?		
Name	Age	Gender
Group experiences		
Has your child had experience playing with other children?		
Has your child ever been in child care before? What type?		
Was it a positive experience?		
What are your child's favorite activities, toys, books, or games?		

Emotional			
How does your child feel when left with unfamiliar people and/or unfamiliar situations?			
What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.?			
Does your child have any particular fears?			
What suggestions do you have that would help staff make your child's transition into this program easier?			
Family and general household information			
List names of significant people in your child's life.			
Please describe the guidance and discipline method used at home.			
Primary language used at home			
Other languages			
Eating and nutrition			
What is your child's favorite food?			
What food does your child dislike?			
Are there any food restrictions?			
Sleeping			
Does your child take a favourite comforter (such as a blanket, soother, bottle, toy) to bed?			
How long does your child need to settle?			
What time does your child go to sleep at night?			
Does your child sleep through the night?			
What time does your child wake up?			
What is your child's mood upon waking?			
Toileting			
Is your child toilet trained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Partially
What words does your child use for: Bowel Movements?			
What words does your child use for: Urination?			
Any specific concerns?			

Parent/ Guardian:.....



Immunization Form

Please fill out this form OR attach a copy of your child's immunization record (preferred).

Vaccine	Date



Consent Forms

<p>Emergency: I give permission for my child, in the case of emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the facility. I understand that this will only happen after all attempts have been made to contact the parents and/or guardians, as listed in the registration forms at the facility.</p>
Parent/Guardian initials: _____
<p>Medicine: I will make every attempt to administer medication to my child at home. In the event that the medication needs to be administered during facility hours, the following conditions will be respected: The medicine will be prescribed by a medical doctor, will be provided to a staff member in the original container with a legible prescription indicating the date, doctor's name, dosage and instructions. I will sign a further more detailed medicine consent form at that time.</p>
Parent/Guardian initials: _____
<p>Release of Information: I authorize the release of any information or records requested to the staff of the facility. This information will generally be requested from the program the child is transferring from or other professionals that are or have been involved with the child.</p>
Parent/Guardian initials: _____
<p>Field Trips: I give permission for my child to accompany the facility on field trips. I understand that this includes excursions on foot, with staff vehicles or on public transportation.</p>
Parent/Guardian initials: _____
<p>Fees: I understand and agree that the daily fees for my child is \$_____/day, and the facility will invoice me every _____ weeks or monthly. I will pay the invoice in advance every invoicing period. I understand that I should pay the invoice even if my child is absent or sick.</p>
Parent/Guardian initials: _____
<p>Late Payment Charges: I understand that late payment of invoices or bounced cheques will result in extra charges as per the parent handbook.</p>
Parent/Guardian initials: _____
<p>Late Pick up: I hereby authorize the facility to apply late pick up fees in case I or my authorized pick up contacts being late than 5:30 PM as per the parent handbook.</p>
Parent/Guardian initials: _____
<p>Photos: I give permission to the facility to take photos and videos for my child and use it on the facility printing materials, social media (e.g. facebook page) and facility website.</p>
Parent/Guardian initials: _____
<p>Parent handbook: I hereby acknowledge and confirm that I received the facility handbook and I will abide by all its contents.</p>
Parent/Guardian initials: _____

(Parent/guardian signature)

Date



Withdrawal

Date of withdrawal: _____

Reason for withdrawal: _____
