

# ENROLLMENT FORM

## CHILD

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME(S): \_\_\_\_\_

Sex: M ☐ F ☐

Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

First Language: \_\_\_\_\_ Other languages spoken in the home: \_\_\_\_\_

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

Allergies or medical conditions: \_\_\_\_\_

EIPEN: ☐ Yes ☐ No

## PARENT/GUARDIAN (1)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

Address: ☐ same as child ☐ other \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Work Information

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone #: (\_\_\_\_\_) \_\_\_\_\_

## PARENT/GUARDIAN (2)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

Address: ☐ same as child ☐ other \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Work Information

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone #: (\_\_\_\_\_) \_\_\_\_\_ Mobile #: (\_\_\_\_\_) \_\_\_\_\_

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## EMERGENCY CONTACTS & AUTHORIZED PICK UP NAMES OTHER THAN PARENTS/GUARDIANS

\*\*\*MUST BE 18 YEARS\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Business Phone #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

## MEDICAL INFORMATION FOR THE CHILD

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Allergies: ☐ Yes ☐ No

Allergen _____	Reaction _____	Epi-pen Yes <input type="checkbox"/> No <input type="checkbox"/>
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Allergen _____	Reaction _____	Epi-pen Yes <input type="checkbox"/> No <input type="checkbox"/>
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Allergen _____	Reaction _____	Epi-pen Yes <input type="checkbox"/> No <input type="checkbox"/>
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Any other medical or development conditions we should be made aware of?

\_\_\_\_\_

\_\_\_\_\_

Have you accessed any support services for your child? YR Early Intervention/ Preschool Speech & Language

\_\_\_\_\_

\_\_\_\_\_

## ENROLLMENT FORM

### DIETARY / SLEEP REQUIREMENTS

Diet \_\_\_\_\_

Rest/Sleep \_\_\_\_\_

Physical Activity \_\_\_\_\_

Copy of Doctor's recommendation regarding placement of a child for sleep

Yes ☐ No ☐

### AUTHORIZATION TO APPLY CREAM

As indicated in the Family Handbook, Little Miracles Child Care & Learning Center will apply diaper cream as instructed by the parents. Creams are to be provided by the parents with the child's name labelled.

Name/ type of cream:	
Expiry date:	
Frequency of application:	
Signature of Parent:	

### AUTHORIZATION TO APPLY SUNSCREEN

As indicated in the Family Handbook, Little Miracles Child Care & Learning Center will apply sunscreen as requested by the parents. Parents are responsible to provide the sunscreen labelled with the child's name.

Name/ type of sunscreen:	
Expiry date:	
Frequency of application:	
Signature of Parent:	

### FEEDING INSTRUCTIONS

*for Children under 1 year*

In accordance with the requirements of the CCEYA (reg. 137/15), parents must provide written instruction regarding the feeding pattern of the child. Educators will feed in accordance with the written instructions provided. The educators will look for signs of hunger and fullness when feeding infants. When changes in feeding patterns are noted by educators this information will be shared with parents.

Feeding instructions:	
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## ENROLLMENT FORM

### EMERGENCY TREATMENT

I hereby consent for my child to be transported to the hospital in case of emergency and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency takes place.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

### EXCURSIONS

I hereby consent that my child may participate in small excursions organized and supervised by *Little Miracles Child Care & Learning Centre*. These may include *going for* walks in the community or visiting places of interest in the neighbourhood. It is understood that supervision will be provided by the educators at the required ratios as indicated in CCEYA (2014) and that every precaution will be taken to ensure the safety of my child. Children will have opportunities to spend time in the SMSV gymnasium and use other facilities of the church.

Families will receive a written permission form prior to any off-site trips that require transportation via contracted bus services.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

### PHOTOS AND VIDEOS TAPING

At Little Miracles Child Care & Learning Centre we use photos and videos to document children's learning as part of the Ontario Pedagogy for Early Years. These images at the Centre are displayed both in the halls and in the classrooms as part of formal documentation. At times these photos or videos may be used for promotional activities within the church or on the Little Miracles website. Parents or guardians may indicate whether they provide consent for photos or videos to be used outside of the Centre.

I \_\_\_\_\_ ☐GIVE ☐DO NOT GIVE permission for my child to take photos and I understand that these photos will be used for documentation purposes within the Centre. Videotaping is continuous as part of the security feature of the Centre and parents will be allowed to see their child for a designated portion of the day.

**Promotional consent purposes:** I \_\_\_\_\_ ☐GIVE ☐DO NOT GIVE permission for my child's photo to be used for promotional purposes

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENROLLMENT FORM

### HANDBOOK

This is to certify that I have read the contents of the Family Handbook, which outlines the policies and procedures, for Little Miracles Child Care & Learning Centre.

I have read the Statement of Faith and understand that Little Miracles Child Care & Learning Centre will uphold Apostolic Christian teachings. The educators will facilitate activities and teaching stemming from the Holy Bible and the early Christian Church. This Centre will uphold the traditional Christian understanding of family.

I understand that I will be notified should there be any changes to the policies and procedures at Little Miracles Child Care & Learning Centre.

I confirm that the information provided, as the parent or legal guardian of the child indicated above, is correct at the time of registration.

I understand the policies and procedures and agree to abide by them as a condition of enrolment for my child at this centre

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

**Welcome to Little Miracles Child Care & Learning Centre. God Bless!**

### FOR OFFICE USE ONLY

Date: _____	Program: _____
Date of admission: _____	Date of withdrawal: _____