Child Care Centre Application for Enrolment

**For Office Use Only**

Date of Admission:

Date of Discharge:

Name of Child Care Centre:

Type of Child Care Required: □ Full-time □ Part-time □ Occasional □ Half Day Other:

Age Group Placement at Time of Enrolment:

□ Preschool □ Kindergarten □Primary/Jr. School Age □Jr. School Age

Hours of Care:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MON | TUES | WED | THURS | FRI | SAT | SUN |
|  |  |  |  |  |  |  |

Child Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Date of Birth (dd/mm/yyyy):** | **Age (years, months):** |
| **Home Address(es):** | |
| **Language(s) Spoken at Home:** | |
| **Other children in the family enrolled in the centre (list names, if applicable):** | |

Parent Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address(es):** |
| **Home Address:**  □ Same as Child | |

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address(es):** |
| **Home 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:  Preferred Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  □ Authorized to pick-up child | Full Legal Name:  Preferred Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  □ Authorized to pick-up child | Full Legal Name:  Preferred Name:  Relationship to Child:  Primary Phone Number:  Alternate Phone Number:  Home Address:  □ Authorized to pick-up child |

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

|  |  |  |
| --- | --- | --- |
| Full Legal Name | Relationship to Child | Primary Phone |
|  |  |  |
|  |  |  |
|  |  |  |

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

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

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 do not have an immunization record, please complete the chart below.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vaccine (Age Usually Given)[[1]](#footnote-1) | Date(s) of Immunization | | | |
| DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos)  Diphtheria, Tetanus, Pertussis, Polio,  *Haemophilus influenzae* type b |  |  |  |  |
| Pneu-C-13 (2 mos, 4 mos)  Pneumococcal Conjugate 13 |  |  |  |  |
| Rot-1 (2 mos, 4 mos)  Rotavirus |  |  |  |  |
| Men-C-C (12 mos)  Meningococcal Conjugate C |  |  |  |  |
| MMR (12 mos)  Measles, Mumps, Rubella |  |  |  |  |
| Var (15 mos)  Varicella |  |  |  |  |
| MMRV (4-6 years)  Measles, Mumps, Rubella, Varicella |  |  |  |  |
| Tdap-IPV (4-6 years)  Tetanus, diphtheria, pertussis, Polio |  |  |  |  |
| Inf (every year in the fall)  Influenza |  |  |  |  |
| Other (please specify) |  |  |  |  |

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

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

YES NO

If yes, please provide relevant details:

Physical Requirements

Does 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:

**Additional Information**

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Staff Name |  | Staff Signature |  | Date (dd/mm/yyyy) |

Note: ‘Parent’ is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

Appendix B: Authorization for Non-Prescription Skin Products

Child’s Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer’s instructions on the original container (please check off):

□ Sunscreen □ Lip balm □ Hand sanitizers

□ Insect repellent □ Lotions

|  |  |
| --- | --- |
| [Centre Name] has agreed to provide: | Parent has agreed to provide: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Note: Consider adding the brand name of the non-prescription items for transparency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (dd/mm/yyyy) Signature of Parent

**Appendix C: List of Reportable Diseases**

|  |  |  |  |
| --- | --- | --- | --- |
| Acquired immunodeficiency syndrome (AIDS) | Chancroid | Chlamydia trachomatis infections | Creutzfeldt-Jakob disease, all types |
| Cytomegalovirus infection, congenital | Encephalitis | Gonorrhea | Hemorrhagic fevers |
| Hepatitis B | Hepatitis C | Influenza | Legionellosis |
| Leprosy | Meningitis, acute | Ophthalmia neonatorum | Personal service settings |
| Respiratory infections, including institutional outbreaks | Severe acute respiratory syndrome (SARS) | Streptococcal infections | Syphilis |
| Tuberculosis |  |  |  |

1. Ontario’s Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx> [↑](#footnote-ref-1)