



CHILD CARE ENROLMENT FORM

CHILD	
Surname:	Given Names:
M _____ F _____	Date of Birth (d/m/yr):
First Language:	Other Languages:
Child Lives with:	Custody: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Special Instr. On File

PARENT / GUARDIAN 1	
Surname:	Given Name:
Relationship to Child:	
First Language:	Other Languages:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Re-married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	
(please write complete address)	
Home Address:	Town: Postal Code:
Home Telephone #: ()	Other Contact #'s, e.g. cell: ()
Home E-mail:	

BUSINESS INFORMATION	
Business Name:	
Business Address:	Town: Postal Code:
Business Telephone #: ()	ext. E-mail:

PARENT / GUARDIAN 2	
Surname:	Given Name:
Relationship to Child:	
First Language:	Other Languages:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Re-married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	
Home Address: (same as above: _____) or write <u>complete</u> address	
	Town: Postal Code:
Home Telephone #: ()	Other Contact #'s, e.g. cell: ()
Home E-mail:	

BUSINESS INFORMATION	
Business Name:	
Business Address:	Town: Postal Code:
Business Telephone #: ()	ext. E-mail:

It is very important that all fields be **fully** completed prior to submission.

EMERGENCY CONTACTS & AUTHORIZED PICK UP NAMES IF PARENT/GUARDIAN ARE NOT AVAILABLE		
#1 - CONTACT NAME:		Relationship to Child:
Home Address:	Town:	Postal Code:
Principal telephone # to be used for contact during child care hours: Home: () Business: ()		Cell #: ()
#2 - CONTACT NAME:		Relationship to Child:
Home Address:	Town:	Postal Code:
Principal telephone # to be used for contact during child care hours: Home: () Business: ()		Cell #: ()
* Additional Contact/Pick Up information may be recorded by attaching an additional sheet to this form. The details requested above <u>must be included.</u>		
MEDICAL INFORMATION		
Doctor's Name:		
Doctor's Address:		
Town:		Postal Code:
Doctor's Telephone #: ()		
Allergies (one allergy & reaction per line)	Epi Pen Req'd ?	Reaction(s)
1.		
2.		
3.		
Any other medical or developmental condition(s) we should be aware of:		
Does your child receive any support services? (e.g. early intervention, Kinark, CAS)		
Tell Us About Your Child so we can support a smooth transition into the program, e.g. what do they like to do, what makes them happy, etc.		

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 emergency takes place.

Signature _____ Date _____

(day/month/year)

Communicable Diseases the child has had prior to enrolment at YCD: *please check (✓)*

Chicken Pox	
Diarrhea	
Hepatitis A	

Hepatitis B	
Measles	
Meningitis	

Mumps	
Pertussis (Whooping Cough)	
Rubella	

EXCURSIONS

I understand my child may leave the premises of the Child Care Centre / school from time to time, to participate in excursions to places of interest such as the local park, as part of the children's program. It is understood that supervision will be provided by members of the staff and that every precaution will be taken to ensure the safety of my child.....*please initial*

Parents will also receive a written permission form prior to each off site field trip (i.e. the Zoo) to enable them to decide at that time if they wish their child to participate.

SUNSCREEN

Please be advised that YCD provides sunscreen protection and the staff are instructed to apply sunscreen to each toddler and preschool child, assist in the application for FDK children or in the school age group the children will be required to apply their own, whenever deemed necessary. Staff will ensure that sunscreen is applied before outdoor activities. We will be using the sunscreen listed below. Parents have the option of providing their own sunscreen in place of the YCD provided sunscreen.....*please initial*

- Croc Bloc, 30 SPF, UVA and UVB protection, dermatologist tested, aloe and vitamin E, unscented, water resistant
- Active ingredients: Homosalate 10.5%, Octisalate 5%, Oxybenzone 2%, Avobenzone 2% and Octocylene 2%.

OVER THE COUNTER PRODUCTS

Please be advised the staff can be instructed to apply over the counter products on your child at your request. Common products such as lotions, lip balm, insect repellent, hand sanitizer and diaper creams that are not used for acute, symptomatic treatment. If you provide current dates products, labelled with your child's name and give application instructions to staff these products can be applied.....*please initial*

HANDBOOK

This is to certify that I have read the contents of the Parent Handbook (current version) that outlines the policies and procedures for:

Child Care Centre

Before & After School Program
(FDK & School Age)

Parent: Please initial receipt of one or both booklet(s).

I understand the policies and procedures and agree to abide by them in order for my child/children to receive child care.

I understand that I will be notified of any changes to policies and procedures.

I acknowledge the information provided above and confirm the information I provided is correct at the time of registration. I agree to pay applicable fees as per the current YCD fee schedules.

Parent/Guardian Signature

Date (day/month/year)

Please print Parent/Guardian name

It is very important that all fields be fully completed prior to submission.

PUBLICITY/ PHOTO RELEASE

I give consent** or I do not give consent to use my child's photo for the purposes agreed to below:
** please complete remainder of page

By initialing "I give consent" above:

a) I, as the parent/legal guardian of _____, understand that my child's image may appear in publicity arranged by York Child Development & Family Services Inc. (YCD) through various media, school photos, etc. and for internal use by the agency. A few examples of internal use would be displaying photos in the classroom and using photos in slide shows for YCD families at agency events.

My initials below indicate approval for use of such medium (photos in documentation/work samples are part of the program) Initial your consent in the boxes below:

Digital Images/Photos	<input type="checkbox"/>	Audio	<input type="checkbox"/>
Video	<input type="checkbox"/>		

b) I understand and agree that YCD is not responsible for the misuse or alteration of any such audio/video tapes, digital images or photographs by third parties. I hereby release YCD and any of its officers, directors and employees from any and all actions, claims, loss or causes of action arising from the misuse of such images.

I hereby acknowledge and declare that the terms of this authorization for the aforementioned purposes or for any consistent purpose are fully understood by me.

(Only sign if photographs are agreed to)

Signature of Parent/Legal Guardian

Date (day/month/year)

Name of Parent/Legal Guardian (please print)

We would appreciate knowing how you heard about our Program (referral, advertisement, etc.):

For Office use only:

Date of Admission:	(day/month/year)	Date of Withdrawal:	(day/month/year)
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