



# 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	
<b>(please write complete address)</b>	
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		
<b>#1 - CONTACT NAME:</b>		Relationship to Child:
Home Address:	Town:	Postal Code:
Principal telephone # to be used for contact during child care hours: Home: (    )                      Business: (    )		Cell #: (    )
<b>#2 - CONTACT NAME:</b>		Relationship to Child:
Home Address:	Town:	Postal Code:
Principal telephone # to be used for contact during child care hours: Home: (    )                      Business: (    )		Cell #: (    )
<i>* 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>.</i>		
MEDICAL INFORMATION		
Doctor's Name:		
Doctor's Address:		
Town:		Postal Code:
Doctor's Telephone #: (    )		
<u>Allergies</u> (one allergy & reaction per line)	<b>Epi Pen Req'd?</b>	<u>Reaction(s)</u>
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, York Hills, 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 Family Handbook (current version) that outlines the policies and procedures for:

Child Care Centre

Before & After School Program   
(FDK & School Age)

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**

YCD with permission would like to share videos, stories, and photographs to document children’s ongoing learning and to share insight into your child’s day.

YCD uses digital images in our child care locations displayed on the wall for the children to view, via email within the child’s group, in slide shows, agency events, newsletters etc. These images of children engaged in play and with their peers and educators are essential to our programs for the purpose of documentation, enjoyment, and curriculum development.

We currently share documentation, including photos and videos, through Storypark® to parents in our full day child care programs. We are looking to expand to include children JK through to grade 6 in this platform. Permission for Storypark® is sent to families as an additional authorization.

YCD now has an active website, Facebook page and Instagram account, and we would like to share experiences of our children and educators with the broader community.

I hereby authorize YCD to use my child’s photo/image/video related to their experiences with YCD. I understand this information may be used in publications, including electronic publications, promotional literature, social media (current and future platforms) and /or other similar ways.

I give consent to use my child’s image to be used on social media: (initial in appropriate box below):

- With no alterations to my child’s image.
- With my child’s face ‘blurred’.
- With my child’s face and body ‘blurred’ to unrecognizable.

Consent given for images of my child to be used (please initial all that apply):

- Posted on a wall/door within the YCD program they are enrolled
- In YCD newsletters
- On YCD Facebook, Instagram pages etc.
- On YCD website for promotional purposes
- Through email to families within my child’s current cohort only
- Through email to families registered in a YCD child care program
- On Storypark (additional consent form will be forwarded)

- 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, social media, school photos, etc. and for internal use by the agency.
- 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 release is provided)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date (day/month/year)

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

We would appreciate knowing what social media platforms you and your family use:

---

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)
--------------------	------------------	---------------------	------------------