



CHILD CARE ENROLMENT FORM (JAN 2024)

CHILD	
Surname:	Given Name(s):
Identifies as: Female ___ Male ___ Other ___	Date of Birth (mm/dd/yyyy):
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:	Marital Status:
First Language:	Other Languages:
Home Address:	Town: Postal Code:
Home Telephone #: ()	Cellular Phone #: ()
Home E-mail:	

BUSINESS INFORMATION	
I work from home <input type="checkbox"/> I work at the business indicated below <input type="checkbox"/> I don't work <input type="checkbox"/>	
Business Name:	
Business Address:	Town: Postal Code:
Business Telephone #: ()	ext. E-mail:

PARENT / GUARDIAN 2	
Surname:	Given Name:
Relationship to Child:	Marital Status:
First Language:	Other Languages:
Home Address: (same as above: ___) or write <u>complete</u> address	
Town:	Postal Code:
Home Telephone #: ()	Cellular Phone: ()
Home E-mail:	

BUSINESS INFORMATION	
I work from home <input type="checkbox"/> I work at the business indicated below <input type="checkbox"/> I don't work <input type="checkbox"/>	
Business Name:	
Business Address:	Town: Postal Code:
Business Telephone #: ()	ext. E-mail:

It is very important that all fields applicable to the family and/or alternate contacts be fully completed.

EMERGENCY CONTACTS & AUTHORIZED PICK UP NAMES IF FAMILY IS 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 must be included.**

MEDICAL INFORMATION

Doctor's Name:
Doctor's Address:
Town: Postal Code:
Doctor's Telephone #: ()

<u>Allergies/Food Restrictions</u> <small>(If allergy, include reaction)</small>	Epi Pen Required?	<u>Reaction(s)</u>	<u>Level of Severity</u>		
			<u>Low</u>	<u>Medium</u>	<u>High</u>
1.					
2.					
3.					

Any other medical or developmental condition(s) we should be aware of:

Does/did your child receive any support services? (Early intervention services, children's mental health services, preschool speech services, children's aid services, etc.)

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 of Parent/Legal Guardian Name of Parent/Legal Guardian (please print) Date (mm/dd/yyyy)

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

Chicken Pox	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Pertussis (Whooping Cough)		<input type="checkbox"/>	<input type="checkbox"/>

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 YCD educators 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

Sunscreen protection is important to shield skin from harmful UV rays. We ask that you provide sunscreen lotion (no spray) labelled with your child’s name. The educators are instructed to apply sunscreen to each toddler and preschool child and may assist in the application for FDK children, if required. The school age children will be required to apply their own sunscreen, whenever deemed necessary. Educators will ensure that sunscreen is applied to all children in the group prior to outdoor activities.

As a backup, YCD has Coppertone, 30 SPF, UVA and UVB protection* in each program.

I authorize York Child Development & Family Services Inc. educators to assist my child when applying sunscreen, if required. (Please initial)

I authorize York Child Development & Family Services Inc. educators to apply Coppertone 30 SPF, as required, in the event that your child does not have their own sunscreen on site. (Please initial)

*Coppertone 30 SPF, UVA and UVB protection: dermatologist tested, free of oxybenzone, Octinoxate, dyes & PABA, sweat & water resistant. Active ingredients: Homosalate 8%, Octisalate 4.5%, Oxybenzone 3%, Avobenzone 2% and Octocylene 6%.

OVER THE COUNTER PRODUCTS

Please be advised that the educators 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
 Before & After School Program Please initial receipt of a Family Handbook

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

 Signature of Parent/Legal Guardian Name of Parent/Legal Guardian (please print) Date (mm/dd/yyyy)

It is important that you always notify your child’s program if they will be absent from care, so we can mark the attendance appropriately and provide a safe arrival and dismissal protocol.

Morning FDK or SA children only:

There are many children who are registered to attend FDK & SA programs who have regular absences in the morning based on family needs. We are asking families whose kindergarten or school age child is registered to attend the morning (AM) program to verify by initialing next to one of the following options:

Due to my child’s inconsistent attendance in the AM program YCD educators do NOT need to contact our family to confirm absence, or:

I WISH YCD educators to contact our family each morning when my child has not arrived, and we have not notified you, based on their schedule i.e. child attends Tues/Thurs only. Provide notes as applicable: _____

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

Name of Parent/Legal Guardian (please print)

Date (mm/dd/yyyy)

We would appreciate knowing:

- What social media platforms do you and your family use? _____
- How did you hear about our program? _____

For Office use only:

Date of Admission:	(mm/dd/yyyy)	Date of Withdrawal:	(mm/dd/yyyy)
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