

CHILD CARE ENROLLMENT FORM



CHILD'S INFORMATION

| | | |
|-----------------|----------------|--------------|
| FULL NAME: | DATE OF BIRTH: | PHONE: |
| ADDRESS: | CITY: | POSTAL CODE: |
| CHILD'S DOCTOR: | PHONE: | ADDRESS: |

GUARDIAN

| | |
|--------------------|--------------------|
| RELATIONSHIP: | RELATIONSHIP: |
| FULL NAME: | FULL NAME: |
| PHONE: MOBILE: | PHONE: MOBILE: |
| EMAIL: | EMAIL: |
| ADDRESS: | ADDRESS: |
| CITY: POSTAL CODE: | CITY: POSTAL CODE: |
| EMPLOYER: | EMPLOYER: |
| WORK NUMBER: | WORK NUMBER: |
| ADDRESS: | ADDRESS: |
| CITY: POSTAL CODE: | CITY: POSTAL CODE: |
| ALTERNATE PHONE: | ALTERNATE PHONE: |

EMERGENCY CONTACTS

| | |
|------------------|------------------|
| FULL NAME: | FULL NAME: |
| RELATIONSHIP: | RELATIONSHIP: |
| PHONE: | PHONE: |
| ALTERNATE PHONE: | ALTERNATE PHONE: |

ALTERNATE AUTHORIZED PERSON(S) FOR PICK UP

| | | |
|---------------|---------------|---------------|
| FULL NAME: | FULL NAME: | FULL NAME: |
| RELATIONSHIP: | RELATIONSHIP: | RELATIONSHIP: |
| PHONE: | PHONE: | PHONE: |

PERSONS NOT AUTHORIZED FOR PICK UP (Custody agreement papers must be on file at the centre)

| | | |
|---------------|---------------|---------------|
| FULL NAME: | FULL NAME: | FULL NAME: |
| RELATIONSHIP: | RELATIONSHIP: | RELATIONSHIP: |

REQUEST FOR PICTURE CONSENT

There are various times when pictures of the children will be taken, either by teachers, other parents, or members of the media. We would like your permission to use these pictures of your child(ren) for fundraising, program promotion, social media or other promotional uses. ☐ I consent ☐ I do not consent

MEDICAL/HEALTH CONDITIONS (seizures, diabetes, asthma, blood/heart disorders, other)

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|--|
| CONDITION: |
| MEDICATIONS REQUIRED (BE SPECIFIC): |
| SPECIAL INSTRUCTIONS: |
| EMERGENCY RESPONSE PLAN COMPLETED YES NO |

DIETARY REQUIREMENTS/ALLERGIES

| | |
|--|-----------|
| FOOD ALLERGY: | REACTION: |
| MEDICATION ALLERGY: | REACTION: |
| INSECT ALLERGY: | REACTION: |
| FOOD SENSITIVITY: | REACTION: |
| ANAPHYLAXIS EMERGENCY PLAN FORM COMPLETED YES NO | |

REST

PRESCHOOL COTS

SPECIAL INSTRUCTIONS:

PARENT ACKNOWLEDGEMENT

- ☐ I have read the Learning Cubs Child Care Parent Handbook and agree to comply with the rules & regulations specified
- ☐ I have read the Illness Policy and agree to comply with the rules and regulations specified
- ☐ I understand that tuition is paid by the 28th of every month for the following month's childcare. There will be a late fee of \$25.00 per week for outstanding fees as well as a \$25.00 fee for any NSF payments.
- ☐ I understand that a late fee of \$10 for every 10 minutes will apply when children are picked up after the centre's closing hours of 5:30pm
- ☐ I have provided Learning Cubs Child Care staff with a form to allow staff to apply diaper cream or sunscreen provided to the centre
- ☐ I have provided Learning Cubs Child Care with a walk form that either permits or excludes my child from supervised excursions outside
- ☐ I will not hold Learning Cubs Child Care responsible for lost or stolen items
- ☐ I will not hold Learning Cubs Child Care, its staff or volunteers responsible for accidents which may occur
- ☐ I understand the legal obligation of the staff to report any suspected abuse
- ☐ I understand that Learning Cubs Child Care may decline a child due to physical and/or verbal aggression towards staff or other children

EMERGENCY TRANSPORTATION

I hereby authorize my permission for the staff at Learning Cubs Child Care to arrange emergency medical treatment for my child(ren) without immediate consent.

SIGNATURE:

DATE:

REGISTRATION

| LOCATION | PROGRAM | CARE REQUIRED |
|--|--|---|
| <input type="checkbox"/> ALLISTON <input type="checkbox"/> BEETON <input type="checkbox"/> TOTTENHAM | <input type="checkbox"/> TODDLER (1.5-2.5 years) <input type="checkbox"/> PRESCHOOL (2.5-4 years) <input type="checkbox"/> SCHOOL AGE (4-12 years) Before & After School <input type="checkbox"/> SCHOOL AGE (4-12 years) PA Days, March Break, Summer or Winter Holiday | <input type="checkbox"/> FULL TIME (5 days/week) <input type="checkbox"/> PART TIME (2 to 4 days/week) <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> Specify Dates: |

FIRST MONTH AND LAST MONTH DEPOSIT REQUIRED AT START OF CARE. ENROLMENT FEE PAYABLE WITH REGISTRATION FORMS AND IS NON-REFUNDABLE. MONTHLY INVOICES, PAYABLE UPON RECEIPT (PAST DUE IF NOT PAID IN FULL BY END OF MONTH).

GUARDIAN SIGNATURE:

DATE:

CHILD'S START DATE:

OFFICE USE ONLY

REGISTRATION DATE:

DISCHARGE DATE: