

The Trees & Me Before and After School Care Enrolment Form

Please select which location your child will be attending:

- Exeter Elementary School
- Precious Blood Catholic School
- Bluewater Coast Public School

For Office Use Only

Date of Admission:

Date of Discharge:

Type of Child Care Required: Full-time Part-time

Age Group Placement at Time of Enrolment:

Kindergarten Primary/Jr. School Age

Hours of Care:

MON	TUES	WED	THURS	FRI
AM:	AM:	AM:	AM:	AM:
Y / N	Y / N	Y / N	Y / N	Y / N
PM:	PM:	PM:	PM:	PM:
Y / N	Y / N	Y / N	Y / N	Y / N

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

Different Home Address than Child:

Full Legal Name:

Preferred Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Different Home Address than Child:

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to the 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) permitted to access/pick up your child:

Name(s) of individuals prohibited from accessing/picking up your 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](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms can be provided to you upon request or through the Ministry's website.

- I require a Statement of Medical Exemption Form
- I require a Statement of Conscious or Religious Belief Form

Vaccine (Age Usually Given)	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> 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 Before & After School program 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 Arrangements

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

YES NO

If yes, please provide relevant details:

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, Over-the-counter Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child (please check off):

- Sunscreen
- Lip balm
- Hand sanitizer
- Insect repellent
- Moisturizing skin lotion

The Trees & Me BASP has agreed to provide:	Parent has agreed to provide:	Additional Parent Instructions
Sunscreen		
Hand sanitizer		

I understand that:

such items will be stored in accordance with the instructions on the label,

such containers or packages will be clearly labelled with my child's name and the name of the item,

such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

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

Date (dd/mm/yyyy)

Signature of Parent:

Appendix C: List of Communicable 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

Appendix D: Photo and Social Media Consent

The Trees & Me uses photos throughout the Before and After School program for various reasons - including documentation of the four foundations found in *'How Does Learning Happen?'* as well as for social media and program promotion purposes.

Please indicate your consent for the following purposes:

I, _____ (parent name), consent to my child,
_____ (child's name) photo be taken in The Trees & Me Before
and After School program.

I consent to my child's photo being shared:

- For documentation purposes, which may be posted in the program, or included in educator's private ECE portfolio,
- For social media and program promotion purposes on The Trees & Me Forest School's public Instagram, Facebook and/or website,
- For documentation and/or program promotion purposes only if their face is **not visible**.

- I do not consent for my child's photo to be shared throughout the program**
- Please ask for permission for each photo before sharing**

Date (dd/mm/yyyy)

Signature of Parent:
