



OFFICE USE ONLY:

ADMISSION DATE: _____

DISCHARGE DATE: _____

PROGRAM ENROLMENT APPLICATION

Child Information

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Sex: _____ Home Phone: _____

Address: _____ City: _____ Postal Code: _____

Family Information

Legal Guardians: _____

Parent 1: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Address: _____ City: _____ Postal Code: _____

Employer: _____ Work Phone: _____

Parent 2: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Address: _____ City: _____ Postal Code: _____

Employer: _____ Work Phone: _____

Attendance Information

My Child Will Attend: Mon – Tues – Wed – Thurs – Fri Time: _____ to _____

IN THE EVENT YOU CANNOT BE REACHED IN AN EMERGENCY, CALL:

Please indicate if BOTH Parents May Be Contacted: YES _____ NO _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

PEOPLE AUTHORIZED TO REMOVE CHILD FROM THE CENTER

Your child will not be allowed to go with anyone unless their name appears on this application, you provide them with an “authorization card,” or you make other arrangements with the Centre Management. Positive I.D. will be required.

Please indicate if both parents may remove child from the center: Yes ___ No ___

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH AND MEDICAL INFORMATION/AUTHORIZATION

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Allergies: _____

Other Health Condition/Diagnosis: _____

I agree and give consent that, in case of accident, injury, or illness of a serious nature, my child will be given medical attention/emergency care. I understand I will be contacted immediately, or as soon as possible if I am away from the numbers listed on this form.

Please attach a photocopy of your child's immunization record to this form.

Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

Date: _____



Consent Checklist

Name of Child: _____

Please initial each section of this document.

| Consent | I give consent | I do not give consent |
|---|-----------------------|------------------------------|
| To participate in neighbourhood walks and visits to local parks under the supervision of the staff of Mindwerx 4 kids Early Learning Centre. | | |
| To sleep during the day from 12:00pm to 2:00pm. | | |
| Consent to authorize people other than my child's teacher to be with my child. This includes volunteers, student teachers, support staff, directors and centre supervisor. | | |
| My child's pictures be taken and displayed at the school. Pictures are taken to document and share children's learning experiences with families. I/We have no objection to photos or video taken in a group setting that includes my child. | | |
| My child's picture be taken during the annual individual and class photo session. | | |
| Participation in the filming of videos. I understand that from time to time, school concerts, children's birthdays and other events are celebrated at the school and parents /teachers may take pictures and/or video of the occasion. | | |
| My child's picture be taken and displayed on the school website www.mw4k.com , social media and print material. Images on the public area of the site will be used only as a visual representation of the school and some of the activities offered. Instagram is a private account and is only available to families who attend the centre | | |
| Consent to the staff at Mindwerx 4 kids Early Learning Centre to apply hand sanitizer provided by Mindwerx4kids Early Learning Centre when required for the above child's hands. | | |

| | | |
|---|--|--|
| My child to watch educational videos which support the curriculum. | | |
| My child to watch children's movies occasionally as a special event or treat. (Often after field trips) | | |
| Consent to the staff at Mindwerx 4 kids Early Learning Centre to apply Kirkland's diaper wipes to my child during diapering or toilet routines or on my child's hands if necessary. | | |
| Consent to the staff at Mindwerx 4 kids Early Learning Centre to apply or administer cream/ointment (when needed) to my child during diapering or toilet routines. | | |
| Authorize Mindwerx 4 kids Early Learning Centre to apply sun protection lotion, provided by us, when required for outdoor activities. | | |

Parent/Guardian Signature: _____

Director/Supervisor Signature: _____

Date: _____



Parent Contract

The conditions of this Contract provide protection to our parents as well as Mindwerx 4 kids Early Learning Centre. In order to ensure that we can provide the services that your child(ren) are entitled, it is essential that parents pay their fees on time to ensure the operation of the child care centre remain financially stable.

Program salaries and operating expenses cannot be reduced because of absentee losses or centre closures. In essence this agreement is a parental guarantee that you will financially support through your fee the enrolment space guaranteed for your child.

I/We Agree and/or Understand:

To submit the monthly fee payable and dated the first of each month through the Pre-Authorized Debit Transaction Agreement.

To pay the \$150 non-refundable registration fee at the time of registration to guarantee my child(ren) space. I understand that the registration fee is non-refundable if my child does not enrol in the program. I also understand that I also have to return my enrolment forms within 7 business days of paying the registration fee.

In case of withdrawal from Mindwerx4kids Early Learning Centre, I/We agree to provide a minimum of one month written notice of withdrawal before month end. The monthly fee for my child's final month of enrolment must be paid in full and will not be prorated due to absences. No exceptions will be made. If one month of written notice is not given, you are responsible to pay for that last month even if your child will not be attending.

After consultation with the Centre Supervisor, if the program cannot meet the child's needs, or that I have not carried out my obligations under the terms of the Parent Contract, my child will be withdrawn at Mindwerx 4 kids Early Learning Centre's discretion.

I understand that if my child remains at Mindwerx 4 kids Early Learning Centre past the centre's closing time (6:00pm), I will be charged an applicable late fee which will result to \$1.00 each minute my child is in the facility after 6:00pm. If you have been late picking up more than 3 times your child is at risk of being withdrawn from the centre immediately. If Mindwerx 4 kids Early Learning Centre is unable to reach the emergency contact persons, or me, Children's Aid Society will be contacted after one hour.

That the school will be closed all statutory and civic holidays, as well as early closures Christmas Eve and closed the week in between Christmas and New Years. We are also closed the last week of August for renovations and maintenance. I will be charged normal daily fees for those days. Mindwerx 4 Kids Early Learning Centre will not provide discounts or refunds for days my child is not in attendance due to illness, vacation, statutory holidays, school closures or other absences. Payment is required and missed days will not be rescheduled.

To submit a completed Registration and Immunization Record before my child commences attendance at Mindwerx4kids Early Learning Centre.

If your child has an anaphylaxis allergy, you are responsible to complete an anaphylaxis plan with the centre as well as have it signed by your family physician. We also require 2 epi-pens on site at all times. If this is not complete, your child is unable to attend the centre. You are also responsible for ensuring that the epi-pens are replenished prior to expiry date.

That only pre-authorized person's designated on the Registration Form may pick up my child(ren). I understand that I must inform Mindwerx 4 kids Early Learning Centre of any changes regarding authorized pick-up and release contacts.

To carry out parent's responsibilities under the policies and procedures outlines in the Parent Handbook.

Services can be terminated at any time by either of the parties. Four (4) weeks written notice will be given should it be decided that child care services are being terminated. Services can be terminated with breach of Parent Code of Conduct.

That Mindwerx 4 kids Early Learning Centre reserves the right to make amendments to its Policies, Fee Schedule, and Program at any time and that I will be given notice of such changes at least two weeks prior to changes.

Dated this _____ Day of _____ in the city of _____ 201__

Witness

Parent/Guardian

Parent/Guardian

On Behalf of **Mindwerx 4 kids Early Learning Centre**

Supervisor/Director



Introduce Us to Your Child

General Information

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Siblings' names & ages: _____

Language(s) spoken at home: _____

Eating Patterns:

Are there any dietary concerns? _____

Food Preferences _____

Are there any food dislikes? _____

Are there any food allergies? _____

Does your child feed himself or herself? _____

When eating, uses fingers ___ spoon ___ fork ___ needs assistance _____

Sleeping Patterns:

What time is bedtime at home? _____ Wake Up at? _____

What time is nap time? _____ How long? _____

Does your child have a special toy/blanket to nap with? _____

How is your child prepared for rest (e.g., story time, quiet play, snack)

Potty Training:

Not potty trained yet? _____ In training? _____ If trained, how long? _____

Independent—doesn't require help. _____

Does your child need to be reminded? _____

If yes, at what time intervals? _____

Child wears: Nap time diaper ___ Underwear ___ Cloth underwear ___

Health and Medical Information

| Condition | Yes | No | If Yes, please comment |
|---------------------------|-----|----|------------------------|
| Allergies | | | |
| Asthma | | | |
| Birth Complications | | | |
| Bowel/Bladder Problems | | | |
| Eating Problems | | | |
| Epilepsy | | | |
| Brain Injury | | | |
| Nosebleeds | | | |
| Skin Irritations | | | |
| Sleep Problems | | | |
| Surgery | | | |
| Throat and Ear Infections | | | |

Other Condition/Diagnosis:

Does your child require any medication during the school day? Yes No

Will the medication need to be administered at school? Yes No

Has your child's vision been formally tested? Yes No

Comments:

Has your child's hearing been formally tested? Yes No Date: _____

| | | |
|------------------------------------|-----|----|
| Does your child recognize numbers? | Yes | No |
| Does your child read? | Yes | No |
| Does your child write? | Yes | No |

Favourite Activities and Interests

What are your child's favourite activities and interests?

How does your child prefer to play? Alone With others Both
Has your child attended lessons, programs or other schools? Yes No
If yes, please list:

Behaviour and Guidance

How does your child react?

To separation from you _____
To new situations _____
To sharing with others _____
When a task is difficult _____
To adults _____

How does your child react when angry or frustrated?

What do you do in these situations?

Does your child have any particular fears? Yes No

If yes, please explain:

Have there been any significant changes in your child's life recently? Yes No

If yes, please explain:

Is there any other information we should know in order to help us know your child better?

Form completed by: _____

Relation to child: _____

Date form completed: _____

This information will be placed in your child's file at Mindwerx 4 kids. This information will not be copied without parent/guardian consent.



Medical Consent Form

Medical Treatment may be given to _____ at any time required due to an accident, illness, or other emergency.

I hereby give my consent that in case of emergency, if I cannot be reached immediately, the staff at Mindwerx 4 kids Early Learning Centre may make medical decisions in the best interest of my child. This may include hospitalization or other treatment for the child's care as recommended by the treating physician. The staff at Mindwerx 4 kids Early Learning Centre may also transport my child either by car or ambulance to the Emergency Department of the closest hospital, or Sick Children's Hospital. I authorize these measures may be taken with no liability on the driver's, staff's or the school's part.

Parent/Guardian

Parent/Guardian

Witness

Witness

Date

Child's Health Card Number

Health Card Expiry Date



Enrolment Space Non-Guarantee

I/We _____ and _____ understand that although my child _____ is being admitted to Mindwerx 4 kids Early Learning Centre on _____ (date), in the _____ (age-group) there is no guarantee that he/she will be able to remain at Mindwerx 4 kids Early Learning Centre until he/she reaches 6 years of age.

Continuation of enrolment at Mindwerx 4 kids Early Learning Centre depends on a vacancy being available in the next age grouping to which he/she would normally progress.

Parent/Guardian

Parent/Guardian

Witness

Date



Acknowledgement of Receipt and Understanding

Agreement between Mindwerx 4 kids Early Learning Centre and Parents:

I/We _____ and _____
parent(s)/ guardian(s) of _____ acknowledge
having received and read the Parent Handbook and fully understand the centre's
policies including:

- Hours of Operation and Centre Closures
- Arrival and Departure
- Admission and Withdrawal
- Health, Illness and Medication
- Fees and Payment Policy

Parent/ Guardian

Parent/ Guardian

Witness

Date