Application for Enrollment

Meadowvale Daycare Centre

For Office Use Only
Date of Admission: dd/mm/yyyy
Date of Discharge: dd/mm/yyyy

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

Age Group Placement at Time of Enrolment:

□ Preschool □ Kindergarten

□School Age Before Care □School Age After Care □School Age Before and After Care

Hours of Care:

MON	TUES	WED	THURS	FRI	SAT	SUN

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:**

Home Address:

☐ Same as Child

Full Legal Name: **Preferred Name:**

Relationship to Child: **Primary Phone Number:**

Alternate Phone Number: **Email address:**

Home Address:

☐ Same as Child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to 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): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
☐ Authorized to pick-up child	☐ Authorized to pick-up child	☐ Authorized to pick-up 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 B 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 are available on the Ministry of Education's website.

Vaccine (Age Usually Given)[1]	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, *Haemophilus influenzae* 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)				

[1] Ontario's Publicly-Funded Immunization Schedule - http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx

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 child care centre 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 and Feeding Arrangements

Does your child have any special feeding arrangements (e.g. mashed/pureed food)?
YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?
YES NO

If yes, please provide relevant details:

Sleep Arrangements

Does your child have any special sleep requirements (e.g., specific comfort item)?
YES NO

If yes, please provide relevant details:

Physical Requirements

Does your child use diapers?
YES NO

If no, my child:

☐ Uses the washroom independently ☐ Requires some assistance ☐ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?
YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

□ I have read and understand the Parent Handbook

Parent Name

Parent Signature **Date (dd/mm/yyyy)**

Director Name

Director 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 A: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy)**:**

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

☐ Sunscreen ☐ Diaper Creams/Ointment ☐ Lip balm ☐ Hand sanitizers

☐ Insect repellent ☐ Lotions

Meadowvale Daycare has agreed to provide:	Parent has agreed to provide:
Hand sanitizer- 70% Ethyl Alcohol	

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

Date (dd/mm/yyyy) **Signature of Parent**

CONFIDENTIAL INFORMATION

Please answer the following questions so that we can know your child a little better and be able to be familiar with his/her background. Thank you.

1. Briefly describe your child's personality. _____

_____

2. Are there any brother/sisters in the family? Names, age's _____

_____

3. How do you discipline your child? _____

_____

4. Describe your child's eating habits.

Food preferences: _____

Food dislikes: _____

Appetite: _____

5. What kinds of activities does your child enjoy? What are his/her favourite activities? Games? Etc.

_____

6. What kinds of group activities does your child enjoy? _____

7. What, if any, are your child's fears? _____

8. Have there been any major changes in the family setting over the past 6 months? _____

_____

9. How does your child react to being hurt? _____

10. What kinds of comforting techniques or objects help to soothe your child? _____

_____

11. Does your child usually get his/her own way with others? Yes ( ) No ( ) If not, how does he/she react?

_____

12. Has your child ever suffered a trauma? Please describe as you are comfortable. _____

_____

13. What are the languages spoken at home? _____

14. What is (are) your cultural background? _____

15. What are your expectations of our program? _____

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16. Does your child have medical or behavioral condition that would require special attention and/or support?

    _____

    _____

17. Is there any other information that you would like to share with us to support your child? (Special requirements in respect of diet, rest or physical activity)

    _____

    _____

18. Comments/Suggestions:

    _____

    _____

Appendix B: 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