



Application for Enrolment

For Office Use Only

Date of Admission(d/m/y):

Date of Discharge:

For Office Use Only:

Type of Child Care Required: Full-time Part-time Occasional Other: [Click here to enter text.](#)

Age Group Placement at Time of Enrolment:

Infant Toddler Preschool Kindergarten

Days of Care:

MON	TUES	WED	THURS	FRI

Extended Care: Yes No

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**Full Legal Name:****Preferred Name:****Relationship to Child:****Primary Phone Number:****Alternate Phone Number:****Email address(es):****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) 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 A 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, <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)				

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., no sippy cups, 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

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

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

If yes, please provide relevant details below:

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.):

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.

Ancaster Forest and Nature School Photo Release Form

At Ancaster Forest and Nature School, we believe in the importance of pedagogical documentation, which involves capturing children's learning and thinking processes as a fundamental aspect of our educational approach. Through careful observation, our educators support children's inquiries and discoveries, fostering their natural curiosity. This documentation may include written anecdotal records and photographs. For detailed information, please refer to our "Observation, Learning, and Pedagogical Documentation Procedure" in the Parent Handbook.

I, _____, as the parent or legal guardian of _____, hereby grant permission for the use of photos of my child, agreeing to the following terms:

I acknowledge that my child, whose name is listed above, may be photographed during normal program hours, field trips, or activities at the center. These photographs may be utilized for classroom documentation and to promote childcare services on our Center's Instagram page or website, ensuring that children's names are never disclosed.

I understand that it is my responsibility to update this form if I no longer wish to authorize the aforementioned uses. I agree that this authorization will remain effective during my child's enrollment term, with no financial compensation for my or my child's participation in this release. I hereby authorize the following:

Including pictures of my child within the school newsletter shared with families attending AFNS and internally within the school.

Including pictures of my child on the AFNS Instagram page/ website.

I do not want my child to be photographed at all.

Date (dd-mm-yyyy)

Signature of Parent/ Guardian:

Assumption of Risk and Consent Form

I, the undersigned, the Parent/Guardian of _____ do hereby consent to her/his participation in Ancaster Forest and Nature School programs.

- I understand that the programs provide inquiry-based learning and in a mainly outdoor environment.
- I understand all program daily commencement and completion times.
- I also understand that I must be timely in my drop off and pick-up of my child.
- I have read and understand all policies and procedures identified within the Parent Handbook.
- I am aware that there are potential risks and hazards associated with my child's participation in Ancaster Forest and Nature School programs.
- I understand that the hazards include but are not limited to: Outdoor classroom: Navigation in unfamiliar territory; slips, trips or falls; trees and other natural objects. Indoor classroom: impact with chairs or other potential obstructions. Allergic reactions: allergic reactions resulting from contact with cultivated or wild plants; food or drinks; spider, tick or insect bites. Games or physical activities: bumps, collisions, falling, tripping, bruises, broken bones, sprains, eye injuries; failure to play safely within one's own ability. Weather changing weather conditions; wet weather; snowy weather; the effects of heat or strong sunlight. Other hazards: the possibility that my child, or others do not heed safety instructions or restrictions given to them.
- I acknowledge that accidents may occur during my child's participation in Ancaster Forest and Nature School programs and can occur without fault on either the part of my child or Ancaster Forest and Nature School staff.
- I am aware that Ancaster Forest and Nature School will take necessary safety precautions and will attempt to minimize any risks associated with program activities. Accidents, however, may cause loss of personal property, injury or even death.
- I acknowledge that if I require more information regarding the activities and/or risks I should contact Ancaster Forest and Nature School's Supervisor.
- I understand that my child is expected to be respectful and considerate to other participants and Ancaster Forest and Nature School staff and must adhere to the rules with regard to student behaviour as set out above.
- I further understand that inappropriate behaviour on the part of my child and/or caregiver may result in her/his removal from Ancaster Forest and Nature School programs and that I will not receive any refund of fees.
- I understand that I will call/email the Ancaster Forest and Nature School educator as soon as possible if my child is unable, for any reason, to attend the program on any given day.

Date (dd-mm-yyyy):

Signature of Parent/ Guardian:

All About My Child Form

Please take a moment to fill out the form below, which will assist us in getting to know your child, how to best provide comfort for them, and your goals for their time in our care.

I would describe my child's personality as:

What motivates your child?

What makes your child laugh?

How do you comfort your child?

What goals do you have for your child regarding their experience at Ancaster Forest and Nature School?

Is there anything else you would like us to know about your child?

Appendix A: 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