

CHILD

Surname: _____ First Name: _____ Middle Name(s): _____

Sex: M F Date of Birth: _____ (dd/mm/yyyy)

First Language: _____ Other languages spoken in the home: _____

Child lives with: _____ Custody: N/A Special instructions on file

Individual Plan for Anaphylaxis, Allergy or Medication Condition: Yes No

PARENT/GUARDIAN

Surname: _____ First Name: _____

Relationship to the Child: _____

First Language: _____ Other languages: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone #: (_____) _____ Cell #: (_____) _____ Home Email: _____

Work Information

Business Name: _____

Business Address: _____ City: _____ Postal Code: _____

Business Phone #: (_____) _____ Business Cell #: (_____) _____

Business Email: _____

PARENT/GUARDIAN

Surname: _____ First Name: _____

Relationship to the Child: _____

First Language: _____ Other languages: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone #: (_____) _____ Cell #: (_____) _____ Home Email: _____

Work Information

Business Name: _____

Business Address: _____ City: _____ Postal Code: _____

Business Phone #: (_____) _____ Business Cell #: (_____) _____

Business Email: _____



ENROLMENT FORM

EMERGENCY CONTACTS & AUTHORIZED PICK UP NAMES OTHER THAN PARENTS/GUARDIANS

Surname: _____ First Name: _____

Relationship to the Child: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone: (_____) _____ Business Phone #: (_____) _____

Cell Number: (_____) _____

Surname: _____ First Name: _____

Relationship to the Child: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone #: (_____) _____ Business Phone #: (_____) _____

Cell #: (_____) _____

MEDICAL INFORMATION FOR THE CHILD

Doctor's Name: _____

Doctor's Address: _____ City: _____ Postal Code: _____

Doctor's Phone #: _____

Allergies:

Allergen _____ Reaction _____ Epi-pen Yes No

Allergen _____ Reaction _____ Epi-pen Yes No

Allergen _____ Reaction _____ Epi-pen Yes No

Are there any other medical or development conditions we should be made aware of?

Have you accessed any support services for your child? York Region Early Intervention Services, Preschool Speech & Language, CAS.

COMMUNICABLE DISEASE RECORD

Has your child had any of the following disease prior to enrolment?

Hepatitis A Hepatitis B Measles Chicken Pox Mumps Rubella
Meningitis Diarrhea Whooping Cough

Date and type of the most recent communicable illnesses _____

SPECIAL REQUIREMENTS

Does your child have any special requirements in regard the following?

Diet _____

Rest _____

Physical Activity _____

Toileting Needs _____

Copy of Doctor's recommendation in regard to placement of a child for sleep:

Yes No

EMERGENCY TREATMENT

I hereby consent for my child to be transported to the hospital in case of emergency and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such emergency takes place.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____ (dd/mm/yyyy)

EXCURSIONS

I understand that my child may leave Little Miracles Child Care & Learning Centre to go for walks in the community or to participate in excursions to places of interest in the neighbourhood. It is understood that supervision will be provided by the educators at the required ratios as indicted in CCEYA (2014) and that every precaution will be taken to ensure the safety of my child.

Children will have opportunities to spent time in the SMSV gymnasium and use other facilities of the church from time to time.

Families will receive a written permission form prior to off-site trip that require transportation via town or contracted bus services.

ENROLMENT FORM

PHOTOS AND VIDEOS TAPING

At Little Miracles Child Care & Learning Centre we use photos and videos to document children's learning as part of the Ontario Pedagogy for Early Years. These images at the Centre are displayed both in the halls and in the classrooms as part of formal documentation. At times these photos or videos may be used for promotional activities within the church or on the Little Miracles website. Parents or guardians may indicate whether they provide consent for photos or videos to be used outside of the Centre.

I _____ give permission for my child to take photos and I understand that these photos will be used for documentation purposes within the Centre. Video taping is continuous as part of the security feature of the Centre and parents will be allowed to see their child for a designated portion of the day.

Promotional consent purposes: I give permission for my child's photo to be used for promotional purposes _____ Yes or I do not give permission _____ No.

Parent Signature: _____ Date: _____

HANDBOOK

This is to certify that I have read the contents of the Family Handbook, which outlines the policies and procedures, for Little Miracles Child Care & Learning Centre.

I have read the Statement of Faith and understand that Little Miracles Child Care & Learning Centre will uphold Apostolic Christian teachings. The educators will facilitate activities and teaching stemming from the Holy Bible and the early Christian Church. This Centre will uphold the traditional Christian understanding of family.

I understand that I will be notified should there be any changes to the policies and procedures at Little Miracles Child Care & Learning Centre.

I confirm that the information provided, as the parent or legal guardian of the child indicated above, is correct at the time of registration.

I understand the policies and procedures and agree to abide by them as condition of enrolment for my child at this centre

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____ (dd/mm/yyyy)

Welcome to Little Miracles Child Care & Learning Centre. God Bless!

FOR USE BY EXECUTIVE DIRECTOR ONLY

DATE OF ADMISSION (dd/mm/yyyy)	DATE OF WITHDRAWAL (dd/mm/yyyy)
UPDATED (dd/mm/yyyy)	