

ENROLMENT FORM



APPLICATION FORM

- Part Day Program ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___
- F/T Program ___ Monday to Friday

Child's Name:

Date of Birth:

Child resides with:

Child's home address:

Postal Code:

Home Phone:

1st Parent's name:

1st Parent's business address:

Work Phone:

Cell Phone:

Email:

2nd Parent's name:

2nd Parent's business address :

Work Phone:

Cell Phone:

Email:

Ages and names of other children in the home:

Any other members of the household (grandparents, pets, etc...)

Persons to be contacted in an emergency if parents cannot be reached

Name:

Home Phone:

Work Phone:

Cell Phone:

Relationship to child:

Email:

OTHER USEFUL INFORMATION

Has your child had any previous experience in a child care setting? Yes No

If yes, was it a good experience for your child? Yes No

What are your child's favourite foods?

What are your child's favourite activities?

What does your child dislike to eat?

When upset, how does your child like to be comforted?

Does your child prefer to sleep with a toy or blanket? Yes No

If yes, will you be bringing it to the centre? Yes No

HEALTH INFORMATION

Family Doctor:

Doctor's Phone number:

Doctor's address:

Any known allergies:

Which communicable diseases has your child had? (Measles, mumps, etc.)

Is your child under a doctor's care for any particular reason? Yes No

If yes, please explain:

Is your child on medication? Yes No If yes, which medication?

Please provide a photocopy of your child's immunization record.

PROVIDED : YES NO

If you have been exempted, please provide this information in writing.

PICK UP AUTHORIZATION: Photo identification will be required.

CHILD'S NAME:

Who, other than the child's parents, have permission to pick up your child from the centre?

Name:

Relationships:

Signature of parent (s) or guardian(s)"

Date:

PICK UP AUTHORIZATION: Photo identification will be required.

CHILD'S NAME:

Who, other than the child's parents, have permission to pick up your child from the centre?

Name:

Relationship:

Signature of parent (s) or guardian(s)"

Date:

PICK UP AUTHORIZATION: Photo identification will be required.

CHILD'S NAME:

Who, other than the child's parents, have permission to pick up your child from the centre?

Name:

Relationship:

Signature of parent (s) or guardian(s)"

Date:

PICK UP AUTHORIZATION: Photo identification will be required.

CHILD'S NAME:

Who, other than the child's parents, have permission to pick up your child from the centre?

Name:

Relationship:

Signature of parent (s) or guardian(s)"

Date:

EMERGENCY AUTHORIZATION

I agree to have my child,

_____.

have medical attention and be taken to the hospital in the case of emergency, if I/we cannot be reached.

Signature of parent(s) or guardian(s):

Date:

PHOTOGRAPH PERMISSION

I give KINDER GROVE permission to photograph my child,

_____ during the program for the

purpose of display within the preschool, website or the Facebook page.

Signature of parent(s) or guardian(s):

Date:

FIELD TRIP AUTHORIZATION

I give KINDER GROVE permission to take my

child_____ on scheduled field

trips organized by the centre (We will advise you of any trips in advance)

Signature of parent(s) or guardian(s):

Date:

NEIGHBORHOOD WALK AUTHORIZATION

I give KINDER GROVE permission to take my child,

_____ on neighborhood walks

during the day. (We will advise you of our walks in advance)

Signature of parent(s) or guardian(s):

Date:

MEDICATION AUTHORIZATION

CHILD'S NAME:

DATE	TIME	NAME OF MEDICATION	QUANTITY	STAFF NAME	STAFF SIGNATURE	OBSERVATION

Medication Authorization Form

The medication will only be administered if it has been prescribed by a qualified medical practitioner, is in it's original container and I have a signed the permission form with directions.

I, (Parent's name) _____,

authorize KINDER GROVE to administer

(Name of Medication) _____

to my child (Child's name) _____
with the following instructions:

Dosage: _____

Time(s): _____

Special Instructions (ex.: on full/empty stomach, etc.) _____

Possible Side Effects: _____

Signature of parent (s) or guardian(s)

Date:

I have received, read and agree to the terms of the policies of KINDER GROVE

*** Please note: IF you register your child with us, one month's written notice must be given to cancel his/her registration or monies will not be refunded. Tax receipts, however, will be issued for all monies paid.

Print Name:

Signature of Parent:

Date: