

HERITAGE GREEN CHILD CARE INC. - APPLICATION FORM

School Age Program

School: <input type="checkbox"/> Mount Albion <input type="checkbox"/> St. James <input type="checkbox"/> Taplestown		
Last Name:	Given Name:	Birthdate: (DD/MMM/YR)

Address		
City	Postal Code	Phone #

Program Needs

Commencement Date		Discharge Date			
Before School	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
After School	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
PA days? <input type="checkbox"/> Yes <input type="checkbox"/> No			Early Dismissals? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Family Information - Parents or Guardians

Parent/Guardian #1

Surname	Given Name	Business Phone #	Cell #
Company Name	Occupation	Work Address	Postal Code

Parent/Guardian #2

Surname	Given Name	Business Phone #	Cell #
Company Name	Occupation	Work Address	Postal Code

Email Addresses

Parent/Guardian #1	Parent/Guardian #2
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Other Information

If separated or divorced, is the other parent allowed to visit and/or pick up child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Home address (of other parent, if separated or divorced)

Parent Surname	Given Name	Home Phone #	Cell #
Address		City	Postal Code

Emergency Information

(If the above are unavailable during an emergency, please notify)

1.	Surname	Given Name	Home Phone #	Cell #
	Address		City	Postal Code Business #
2.	Surname	Given Name	Home Phone #	Cell #
	Address		City	Postal Code Business #

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Other persons to whom the child may be released (must be 16 of age or older)

Name	Relationship
Name	Relationship

Medical Information

Family Doctor:	Phone Number:
Address:	

In order that the staff may provide the best care for the child, the following information would be useful: Do you have any instructions for staff regarding the child's health care and or diet?

Does the child have allergic reactions to such things as drugs, food, insect bites, etc? If so, list, giving type of reaction, treatment given, etc.:

Is the reaction life threatening? Yes No

Does the child have any behavioural or learning difficulties that the staff should be aware of?

Other comments:

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		Details
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision/Hearing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any dietary restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any previous major illness or operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Severe allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has your child been immunized as required by the Education Act? Yes No

Is there anything we should be aware of concerning school, relationships, grades, learning abilities, health concerns/restrictions or medications?

Anaphylaxis Policy

If your child requires an EpiPen, you are required to read the Centre's policy and complete an additional form prior to the commencement of your child's placement. Please see the Supervisor.

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Exchange of Information - School/Child Care Consent Form

On-going communication between the school and the child care centre can be beneficial to your child. If you agree to communication between the school and the child care centre, please sign the consent below.

I, hereby give permission for information related to my child's daily activities to be shared between the staff of Heritage Green Child Care Inc. and Mount Albion, St. James or Tapleystown (check one) Elementary School when it is in the best interest of my child. The information regarding my child's activities will be used to facilitate safety, continuity and equality of program and more effectively meet the needs of my child.

Child's Name

Date of Birth (Day/Month/Year)

Signature: _____

Parent or Guardian

Date

Address of Parent or Guardian if different from the child:

Address,

This form is valid until your child is discharged from the child care program or until revoked by the parent/guardian. If you have any questions, please discuss them with the centre's Director, Karen Tabone at 905-573-3822 or your child's classroom teacher. This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations and the child care operator's responsibilities as set out in the Day's Nurseries Act and its regulations. The information is collected for education purposes and is within the guidelines as set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

Two original signed copies - one for Heritage Green Child Care Files

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