

# School Age Application for Enrolment

**For Office Use Only**

Date of Admission:.

Date of Discharge:.

Age Group Placement at Time of Enrolment:

 Kindergarten    Grade 1-2    Grade 3-6

Days Required for extended day care:

	MON	TUES	WED	THURS	FRI	PA Days
BEFORE						YES
AFTER						NO

**Mount Albion \_\_\_\_\_ St James \_\_\_\_\_ Taplestown: \_\_\_\_\_ Camp Only \_\_\_\_\_**

## Child Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Age:</b>
<b>Home Address(es):</b>	
<b>Language(s) Spoken at Home:</b>	
<b>Other children in the family enrolled in the centre (list names, if applicable):</b>	

## Parent Information

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b>	
<input type="checkbox"/> Same as Child	

<b>Full Legal Name:</b>	<b>Preferred Name:</b>
<b>Relationship to Child:</b>	<b>Primary Phone Number:</b>
<b>Alternate Phone Number:</b>	<b>Email address(es):</b>
<b>Home Address:</b>	
<input type="checkbox"/> 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:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> 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

Does your child have a diagnosis? (e.g. Autism, ADHD, OCD, etc)

Does your child have support during the school day e.g. an EA?

Does your child have any medical need(s) that requires additional support (e.g., Diabetes, Asthma, Seizures)?  
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

Has your child been immunized as required by the Education Act? \_\_\_\_\_

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.

## Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?  
YES NO

Does your child require an Epi-pen? 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 Arrangements

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

If yes, please provide relevant details:

## Physical Requirements

Does your child? (Kindergarten)

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 (e.g. mobility difficulties)?  
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, major illness or operations e.g. heart surgery, organ transplant etc.):

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

Please read carefully, indicate Yes or No and sign:

1. I hereby authorize Heritage Green Child Care Inc to secure medical services e.g. an ambulance in the event that my child requires immediate medical attention. I accept full financial responsibility for any incurred costs; Heritage Green Child Care Inc assumes no financial responsibility. YES NO
2. I agree to allow my child to go on walks or outings that do not involve transportation without written consent. I also consent to allow my child to play in the city park fully supervised by a qualified staff member on early dismissal and/or PA days and camps YES NO
3. I have read the Parent Handbook and I am aware of the policies and procedures outlined, and I am in agreement with these guidelines. YES NO
4. I agree and understand that I am to pay full child care fees for any sick, absent days, Statutory holidays, vacation or storm closures that fall on my child's scheduled days. We cannot accommodate rotating schedules; your child's days must be the same every week. YES NO
5. I hereby consent to the collection and use of my child's personal image. I acknowledge that these may be used on our website or Facebook page. No personal information such as names will be used on the website or Facebook page without express consent. I also understand that my consent can be withdrawn at any time.  
I consent: \_\_\_\_\_ I do NOT consent: \_\_\_\_\_
6. I consent to my child's photos being used in documentation within the centre and that my child may appear with another child/children in some photos. This documentation is posted in the centre or sent by e-mail to myself and other parents whose child/children also appear in the photo.  
This documentation is not used in any other context. I consent: \_\_\_\_\_ I do NOT consent: \_\_\_\_\_
7. I agree to pay the \$100.00 non-refundable deposit payable to HGCC, which includes a one-time \$25 registration fee plus \$75 that will be used towards my first month of fees. I understand that my spot is not secure until I submit my \$100 deposit. Child care fees must be paid by the first of each month. HGCC uses preauthorized debit ( PAD). The PAD agreement will be included in this application form as Appendix C. Please attach a void cheque or bank form. Payment will automatically be taken from your account in the 1<sup>st</sup> of the month or the next business day. A monthly invoice will be sent via e-mail 10 days prior to the PAD. I understand there is a \$25 service fee for any returned PAD. After three returned PADs, only cash, certified cheque or money order will be accepted. Other arrangement concerning payments will be made with the Supervisor on an individual basis only. YES NO

_____ 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.