



Child Care Centre Application for Enrolment

Office Use Only
Date of Admission:
Date of Discharge:

Type of Child Care Required:

- Full-time Part-time Occasional

Age Group Placement at Time of Enrolment:

- Toddler Preschool Primary/Jr. School Age

Hours of Care:

| MON | TUES | WED | THURS | FRI |
|-----|------|-----|-------|-----|
| | | | | |

Child Information

| | |
|------------------------------|---------------------|
| Full Legal Name: | |
| Preferred Name: | |
| Date of Birth (mmm/dd/yyyy): | |
| Family Doctor: | Health Card Number: |
| Home Address: | |

Parent/ Guardian Information

| | |
|---|-------------------------|
| Full Name: | Work: |
| Primary Phone Number: | Alternate Phone Number: |
| Relationship to Child: | Email Address: |
| Home Address: <input type="checkbox"/> Same as child | |
| Full Name: | Work: |
| Primary Phone Number: | Alternate Phone Number: |
| Relationship to Child: | Email Address: |
| Home Address: <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 |
|--|--|
| Full Name: | Full Name: |
| Relationship to Child: | Relationship to Child: |
| Primary Phone Number: | Primary Phone Number: |
| Alternate Phone Number: | Alternate Phone Number: |
| <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 Number |
|-----------------|-----------------------|----------------------|
| | | |
| | | |
| | | |

Photo Release

*Applicable for one calendar year

- Yes, I give Tobermory Primary Place permission to use photographs of my child for publication (Newspaper, Facebook, Newsletters).
- No, I do not give permission to Tobermory Primary Place to use my child's photo in any publication.
- I wish to be notified by Tobermory Primary Place before a photo of my child is used in any publication.

Online Communication

TPP uses an online program called Seesaw to share and communicate with families. Educators and children can post to their private accounts or tag others in group learning. Seesaw allows TPP to send you messages, newsletters and reminders, along with photos of your child's day. Attachments sent that include children other than your own are not to be shared.

I give permission to include my child in group photos on Seesaw.
 YES NO

Health Information

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.

If yes, please provide relevant details below:

Non-Prescription Skin Products

The following non-prescription items supplied by parent/guardian may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen
- Lip Balm/Lotion
- Insect Repellent
- Diaper Cream/Ointment
- Hand Sanitizer (Provided by TPP)

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) | Date(s) 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) | | | | |

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below:

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

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 use diapers?

YES NO

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

*For children under 18 months.

I give Tobermory Primary Place permission to have my child _____ sleep or rest on a cot at rest time.

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.

Please provide relevant details:



TOBERMORY PRIMARY PLACE

Child Care Centre Application for Enrolment

Parent Acknowledgement

I, have read and understand the policies pertaining to Tobermory Primary Place and agree to the conditions stated therein. I understand and will abide by the enrolment guidelines stated. I agree to become a parent member of the organization and to pay the membership fee of \$50 annually. I, understand that this gives me permission to vote at the Annual General Meeting to be held in the spring.

Or

I, have read and understand the policies pertaining to Tobermory Primary Place and agree to the conditions stated therein. I understand and will abide by the enrolment guidelines stated. I agree to pay the non-member daily fees as outlined in the Parent Handbook.

I acknowledge receipt of this notice from Tobermory Primary Place and have reviewed the Parent Information Handbook. I have also completed all authorizations and returned all the required forms to the child care site.

Name _____

Signature _____

Date _____

Authorizations

- Custody Arrangements (if applicable)
- Photo Release
- Online Communication
- Individualized Medical Plan (if applicable)
- Copy of Immunizations, or Statement of Medical Exemption, Statement of Conscious or Religious Belief
- Individualized Anaphylactic Allergy Plan (if applicable)
- Sleep Arrangements (if applicable)
- Parent Acknowledgement

**Your signature confirms that the information you provided is accurate to the best of your knowledge and that you have reviewed, understand, and agree to abide by the policies of Tobermory Primary Place.

Parent/ Guardian Name

Parent/ Guardian Signature

Date

Supervisor Name

Supervisor Signature

Date