



ADMISSION INFORMATION

Childs Full Name _____ Date of Birth (YY/MM/DD) _____

Childs Full Home Address _____ Telephone Number _____

Doctor's Name _____ Doctors Full Address _____ Telephone Number _____

PARENT/GUARDIAN CONTACTS:

Name of Parent and or Guardian _____ Name of Parent and or guardian _____

Home address (if different than above) _____ Home Address (if different than above) _____

Home Telephone Number (If different than above) _____ Home Telephone Number (if different than above) _____

Daytime Location _____ Daytime Location _____

Daytime Address _____ Daytime Address _____

Daytime Telephone Number _____ Daytime Telephone number _____

Alternate contact number _____ Alternate Contact number _____

Email Address _____ Email Address _____

CUSTODY/VISITATION ARRANGEMENTS (IF APPLICABLE):

Are there any court orders pertaining to this child which will prohibit specific individuals from picking up your child?
 _____ Yes _____ No Please check one. If yes, please provide a copy of the order for your child's file since it is required to restrict a parent from picking up a child.

I/we authorize ONLY the following persons to pick up my child from the Program (all of whom are over 18 years of age) or act as an emergency contact in the event that I/we cannot be reached: Under no circumstances will your child be released to anyone not listed about without written authorization.

	Persons Name	Relationship to the child	Home Phone #	Daytime Phone #	Cellular Phone #
1					
2					
3					
4					

Please list any special instructions that are relevant and important for the staff to be aware of regarding your child: _____

Office Use Only: Enrollment Start Date: _____ Withdrawal Date: _____
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CONSENT/ AGREEMENT FORM

Please read the following policies and procedures and initial on the side your understanding of the policy and your willingness to abide by it.

	Yes, I understand and agree.	No, I do not agree & do not give consent.	Comments
I/We agree to read the Parent Handbook of The Village Children's Programs and follow policies set out in it.			
I/We will bring our child(ren) into the classroom and greet the teacher at drop off and pick up times to exchange pertinent information and ensure supervision.			
I/We agree to always use proper car seats whenever transporting our child(ren).			
I/We will keep The Village and/or program staff informed of changes in information relevant to my child, i.e. file information such as telephone numbers, change in child's health, unusual happenings at home etc.			
I/We will keep payments current and up to date and paid in advance. Fees are due for statutory holidays and any other absent days (for illness or any reason) and any closure of the centre in the event of an emergency.			
I/We allow my child(ren) to use all the play equipment and participate in all of the activities of the program. I hereby grant permission for my child to leave the centre premises under the supervision of a staff member for neighbourhood walks.			
I/We hereby consent to have my child leave the premises of The Village Children's Programs from time to time, to participate in excursions to places of interest, planned as part of the children's program. It is understood that members of the staff will provide supervision and every precaution will be taken for the safety of the child. Parents will also receive written notification prior to each full day field trip or excursion to enable them to decide at that time if they wish to take part.			
I/We give consent for the appearance of my/our child to appear in any publicity arranged by The Village through the various media, newspapers, radio, television, slide presentation and other publicity or educational purposes. This publicity may be in the form of photographs, video, writing pieces, and artwork with child's first name It is felt that it is important for the community to be kept informed of activities of the program.			
I/We grant permission for the operator, or designate of The Village Children's Programs to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices is in the Parent Handbook. Any expenses incurred during an emergency will be the responsibility of the child's family. The Village Children's Programs will not be responsible for any incident that may occur as a result of false information given at the time of enrollment.			
The Board of Directors reserves the right to review and adjust the current rates during the year as deemed necessary.			
Depending on the program your child is registered for, closing times will vary. Any parent who arrives to pick up their child after their pre-determined scheduled times will be required to pay a late fee of \$2.00/minute. Fees owed will be invoiced. In the event that the parent is late to pick up their child on more than 2 occasions the family may be withdrawn from the program.			
The Village Children's Programs reserves the unilateral right to cancel any arrangements, if policies of The Village are not followed by a child or parent.			

We have read the above policies and fully understand all of the above information:

Signature of Parent/Guardian _____
Date

Signature of Parent/Guardian _____
Date

Staff Signature _____
Date

Child Health Record

Under the Day Nurseries, Section 33, "every operator shall ensure that before a child is admitted to a day nursery operated by the operator from time to time thereafter, the child is immunized as recommended by the local medical officer of health."

Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 facilities if:

- This child needs an exemption from immunization against any disease listed for medical, religious or philosophical reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

In the event that immunizations are not given to the child a fully signed letter must accompany this form.

Please fill in the date below that your child received the following or attach a copy of your child's immunization record. Immunization records are required for Infant, Toddler and Preschool children only.

Month/day/year	
	Diphtheria
	Tetanus
	Pertussis
	Polio
	Haemophilus B (Hib)
	Pneumo conjugate
	Measles
	Mumps
	Rubella
	Men C conjugate
	Varicella
	Hepatitis B

Previous Medical History – please indicate all that apply

<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Small Pox	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Giardia Lamblia
<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Diphtheria
<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Reaction to Bites or stings	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	

Other medical issues: _____

Allergies: _____

Skin Conditions: _____

Sight Difficulties: _____

Hearing Difficulties: _____

Please verify any special attention that may be required regarding development, behaviour, diet, speech etc.:

Is your child under any forms of treatment/medication for illness or injury? If yes, please explain:

Will this problem interfere with his/her participation in any Centre activities?

Please list any other information regarding your child's past medical history that will enable us to work more effectively with him/her. _____

Signature Parent/Guardian

Date

Signature Parent/Guardian

Date

02/11