

Enrollment Form

Prior to enrollment of any child, all contents of this Enrollment Form must be FULLY completed.

Child Information		
First Name:	Last Name:	Middle Name:
Date of Birth:	Gender: Male Female	
Children live with:		
Primary language spoken:		
First day of care:		
Hour of care each day: _____ a.m. to _____ p.m.		
Your child will be drop off by: Walking/Strollers Buses Cars (*We collect this information to arrange drop off parking for families)		
Custody agreement: Yes No (*If custody agreement is in place, please provide the childcare centre with a copy, prior to the children's first day)		
Parent/Legal Guardian Information		
Parent/Legal Guardian 1		
Full Name:		
Relationship:		
Primary language spoken:		
Cell Phone:		
Primary email:		
Home Address:		
Parent/Legal Guardian 2		
Full Name:		
Relationship:		
Primary language spoken:		
Cell Phone:		
Primary email:		
Home Address:		

Emergency Contact / Authorization for PICK-UP Form

Child's name		D.O.B.
Parent/Legal Guardian 1 Full Name:		
Cell Phone:	Email:	
Home Address:		
Employer:	Work Address:	
Work Phone:	Work email:	
Parent/Legal Guardian 2 Full Name:		
Cell Phone:	Email:	
Home Address:		
Employer:	Work Address:	
Work Phone:	Work email:	
Doctor's Information		
Doctor's name:	Cell Phone:	
Doctor's address:		
Medical Needs:		

Emergency Contact: in the event parents/legal guardian are not available

Full name:	Relationship to Child:
Cell Phone:	Work Phone:
Home Address:	
Full name:	Relationship to Child:
Cell Phone:	Work Phone:
Home Address:	

Authorization for PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. All authorized persons must be 18 years of age or older, unless otherwise designated by written (by hand or email) parental consent. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian.

Note: Photo ID will be required to release the child.

Full name (As shown in ID):	
Relationship to Child:	Cell Phone:
Full name (As shown in ID):	
Relationship to Child:	Cell Phone:
Full name (As shown in ID) :	
Relationship to Child:	Cell Phone:

Parent/Guardian Signature

Date

Medical Information

Allergies:

Allergy _____ Reaction _____ Epi-pen Yes No

Allergy _____ Reaction _____ Epi-pen Yes No

Allergy _____ Reaction _____ Epi-pen Yes No

Does your child suffer from any other allergies (food or drugs)?

*Children who have anaphylactic allergies and require an Epi-pen must complete the Anaphylactic Allergy form, prior to admission. The supervisor will review the Anaphylaxis Policy and staff training process with you.

If your child has ever been hospitalized, please give dates and causes.

Has your child ever undergone any medical or psychiatric treatment? Please give details.

Is your child presently receiving special treatment that limits activities or affects diet? Please give details.

Is your child required to take any medication or carry any medication with him/her? Please give details.

Have you accessed any support services for your child? E.g. Early Intervention Services, Preschool Speech & Language, CAS etc. Please give details.

Is there any other information you would like to give us regarding your child's health?

Parent/Guardian Signature

Date

Immunization Record

We need a record of children’s immunizations. Please attach a copy of your child’s yellow Immunization Record. If for medical reasons, your child is not immunized and should be exempted from requirements under the Child Care and Early Years Act, 2014 a separate form must be completed prior to your child’s first day of care. Please speak to the Centre Supervisor for more information.

Communicable Disease

Scarlet Fever	Hepatitis A	Hepatitis B	Measles	Chicken Pox
Mumps		Rubella	Meningitis	Diarrhea
Whooping Cough		Other		
Communicable disease		German Measles	Tetanus	Scarlet Fever

Comments _____

Parent/Guardian Signature

Date

Emergency Treatment

I hereby consent for my child to be transported to the hospital in case of emergency and consent to emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me if such an emergency takes place.

Parent/Guardian Signature

Date

Excursions

I understand that my child may leave House of Wonder to go for walks in the community or to participate in excursions to places of interest in the neighborhood such as parks. It is understood that supervision will be provided by educators at the required ratios as indicated in the Child Care and Early Years Act (CCEYA) (2014) and that every precaution will be taken to ensure the safety of my child.

Families will receive a written permission form prior to off-site field trips that require transportation using a vehicle.

Parent/Guardian Signature

Date

Publicity

At House of Wonder we use photos and video to document children's learning. We then display these images at the Centre, both in the halls and the classrooms, as part of formal documentation to show children's learning. At times these photos or videos may be used for promotional activities for the Centre. Parents or guardians will be contacted individually for consent, should there be a request to use photos or videos outside of the Centre.

Parent/Guardian Signature

Date

Permission to apply creams/powders during diapering/toileting routine

Child's Name: _____, I, _____,

parent of the above-named child give consent to the staff of House of Wonder

to apply _____ to my child during diapering or toilet

routines. I will supply and label the product with my child's name.

Parent/Guardian Signature

Date

Permission to apply sunblock

House of Wonder will apply one application per day (afternoon). Parents are asked to ensure that each child arrives at childcare in the morning with sunscreen already applied.

Child's Name: _____, I, _____,

parent of the above-named child give consent to the staff of House of Wonder

to apply _____ to my child when needed. I will supply and label the product with my child's name.

Parent/Guardian Signature

Date

Permission to apply Purell hand sanitizer

The Peel Public Health Department requires that childcare programs use a hand sanitizer that has a minimum 70% alcohol. House of Wonder supplies Purell Hand Sanitizer in the Centre. Hand sanitizer is used when soap and water is not an option. As always, we will continue to teach and encourage effective hand washing wherever it is possible.

Child's Name: _____, I, _____,

parent of the above-named child give consent to the staff of House of Wonder

to apply Purell Hand Sanitizer to my child when needed.

Or I will supply my own hand sanitizer and label the product with my child's name. (Please provide the brand name): _____.

Parent/Guardian Signature

Date

Consent Form for Anti-Spam Legislation

House of Wonder communicates to parents/guardians via email and e-newsletters with updates about the center, festivals, parent evenings, future events, and news of our children. Under Canada's new Anti-Spam law, we are required to obtain your consent to continue to send you these updates. To hear from House of Wonder, please fill out your name, your email address and check on the box below.

Name:
Email:
Name:
Email:

Please check the box to indicate you agree to receive emails from House of Wonder:

Parent Handbook

I have read and agree with the contents of the Parent Handbook, which outlines the policies and procedures for House of Wonder.

I understand that I will be notified should there be any changes to the policies and procedures at House of Wonder.

I agree to pay all fees as indicated in the fee schedule.

I confirm that the information provided, as the parent or legal guardian of the child indicated in this form, is correct at the time of enrollment, and I will notify the Centre should there be any changes to this information.

I understand the policies and procedures and agree to abide by them as a condition of enrolment for my child at this Centre.

Parent/Guardian Signature

Date



*Thank you for considering House of Wonder Early Learning Centre
in your search for high quality child care.*

FOR OFFICE USE ONLY

Full Fee Pre-Authorized Payment Plan (Void cheques attached) Post
 Fee Assisted Dated Cheques (attached) _____ to _____
 Other: _____

ADMIN USE ONLY

DATE OF ADMISSION	DATE OF WITHDRAWAL