

2101 Dixie Road, Mississauga, L4Y 1Z1 +1 (905) 270 - 8885 info@houseofwonder.ca

Enrollment Form

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

Child Information				
First Name:	Last Name:			Middle Name:
Date of Birth:	Gender: I	Male Fe	male	
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: \	Nalking/Strollers	Buses	Ca	ars
(*We collect this information to arran	ige drop off parking fo	r families)		
Custody agreement: Yes N	lo			
(*If custody agreement is in place, pl	lease provide the child	dcare centre	with a	copy, prior to the children's first day)
P	Parent/Legal (Guardia	an Ir	nformation
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:				



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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:	Employer: Work Address:			
Work Phone:		Work email:		
Parent/Legal Guard	lian 2 Full Name	9:		
Cell Phone:		Email:		
Home Address:				
Employer:				
Work Phone:		Work email:		
Doctor's Information	on			
Doctor's name:			Cell Phone:	
Doctor's address:				
Medical Needs:				
Emarganas Cantaat	in the event ne	rente/legal augr	dian are not available	
Emergency Contact	: in the event pa	irenis/legal guard	Jian are not available	
Full name:		Relationship to Child:		
Cell Phone:		Work Phone:		
Home Address:		T		
Full name:		Relationship to Child:		
Cell Phone:		Work Phone:		
Home Address:				
Authorization for Pl				
			ble for picking up your child other than the	
			Under no circumstances will any child be	
released to anyone with				
Note: Photo ID will be	required to releas	e the child.		
Full name (As show	n in ID).			
		Cell Phone:		
Full name (As shown in ID):			Con i fiche.	
Relationship to Child:		Cell Phone:		
Full name (As show			Con i fiche.	
,		Cell Phone:		
Total of the office.				
		<u> </u>		
Parent/Guard	dian Signature		Date	



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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)?		
	aphylactic allergies and orm, prior to admission. g process with you.			-
If your child has ever b	een hospitalized, please	e give dates and caus	es.	
Has your child ever und	dergone any medical or	psychiatric treatment	? Please	give details.
ls your child presently i	receiving special treatme	ent that limits activitie	s or affec	ts diet? Please
give details.				
ls your child required to	take any medication or	carry any medication	n with him	ı/her? Please
Have you accessed an	y support services for yo	our child? E.g. Early Ir	nterventio	on Services,
Preschool Speech & La	anguage, CAS etc. Plea	ase give details.		
Is there any other infor	mation you would like to	give us regarding yo	ur child's	health?
Parent/Guardi	an 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
Whopping 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 e	emergency and
consent to emergency treatment unti	-	•	understand that
every effort will be made to contact m	ne if such an emerge	ency takes place.	
Parent/Guardian Signature		Date	



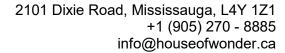
Parent/Guardian Signature

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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: parent of the above-named child give consent to the staff of House of Wonder _____to my child during diapering or toilet to apply___ routines. I will supply and label the product with my child's name.

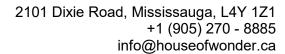
Date





Permission to apply sunblock

House of Wonder will apply one application	on per day (afternoon). Parents are asked to
ensure that each child arrives at childcare	e in the morning with sunscreen already applied.
Child's Name:	l,,
parent of the above-named child give con	sent 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 requi	res 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	o and water is not an option. As always, we will
continue to teach and encourage effective	e hand washing wherever it is possible.
Child's Name:	I,,
parent of the above-named child give con	
to apply Purell Hand Sanitizer to my child	when needed.
Or I will supply my own hand sanitizer and	d 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 o
enrolment for my child at this Centre.
Parent/Guardian Signature Date
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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 Pay	ment Plan (Void cheq	ues attached) Post	
Fee	Assisted Dated Che	Assisted Dated Cheques (attached)toto		
	Other:			
ADMIN USE ONLY				
DATE OF ADMISSION		DATE OF WITHDRA	WAL	