

YORK ENRICHMENT CHILDCARE CENTRE
90 Lake Avenue, Oak-Ridges, Ontario, L4E 3G3
905-313-8977

CHILD ENROLMENT FORM

Child's Last Name _____

First Name _____ **Middle Name** _____

Date of Birth _____ **Sex: M / F**

Home Phone # _____

Home Address _____

OHIP _____ **Expiry Date** _____

Enrolment Date _____

Last Day of Enrolment (*for office use*) _____

**Child Resides With: Mother / Father / Both Parents /
Other (Specify)** _____

**Child is Subject to Custody Agreement?
No / Yes (must provide documentation)**

PARENT INFORMATION

Mother's Last Name (Ms. / Mrs. / Miss.) _____

Mother's First Name _____

Home Phone # _____ **Cell #** _____

Work # _____ **ext.** _____

Work Name _____

Work Address _____

Residence of Mother _____

Father's Last Name _____

Father's First Name _____

Home Phone # _____ **Cell #** _____

Work # _____ **ext.** _____

Work Name _____

Work Address _____

Residence of Father _____

CHILD'S PERSONAL INFORMATION

Name and Age of Siblings _____

Allergies _____

Special Conditions _____

Restrictions _____

Doctor's Name _____ **Phone #** _____

Doctor's Address _____

Food Likes / Dislikes _____

Sleeping Habits _____

Sleeping Instructions _____

Fears _____

Child's Special Interests _____

Anticipated time of morning drop-off _____

Anticipated time of afternoon pick-up _____

EMERGENCY CONTACTS /
AUTHORIZATION FOR PICK-UP OF CHILD

I _____ (name of parent) give my permission to the following persons to pick-up my child _____ (name of child) from *York Enrichment Childcare Centre*:

1. Name _____ Relation _____

Phone _____

Address _____

2. Name _____ Relation _____

Phone _____

Address _____

3. Name _____ Relation _____

Phone # _____

Address _____

Name of Parent

Date

Signature of Parent

****EVERY AUTHORIZED PERSON OTHER THAN THE CHILD'S PARENTS WILL BE ASKED TO PRESENT AT LEAST ONE PICTURE I.D. AT THE TIME OF PICK-UP. IN ORDER TO MAINTAIN SAFETY WE WILL NOT RELEASE YOUR CHILD UNLESS THIS CONDITION IS MET!***

*****AUTHORIZED PERSONS MUST BE AT LEAST 16 YEARS OLD.***

IT IS EXTREMELY IMPORTANT TO IMMEDIATELY INFORM THE DIRECTOR SHOULD ANY OF THE ABOVE INFORMATION CHANGE.

I have read and agree to adhere to the policies and terms, including the fee schedule, of *York Enrichment Childcare Centre*.

Parent's Signature _____

Parent's Name _____

Date _____

Director's Signature _____

Nelli Hooper

Date _____

York Enrichment Childcare Centre
AUTHORIZATION TO PHOTOGRAPH

Please choose one of the following options:

1. I _____ give York Enrichment Childcare Centre permission to photograph, or videotape my child _____ (name) for the following purposes:

_____ Educational activities

_____ Display within the childcare centre

_____ Promotion of the program

***Parents will be informed whenever their children are photographed, and will be able to purchase copies of pictures involving their own child.**

2. I do not give York Enrichment Childcare Centre permission to photograph or videotape my child for any purpose.

Name of Parent

Date

Signature of Parent

York Enrichment Childcare Centre
PERMISSION TO PROVIDE EMERGENCY MEDICAL CARE

I HEREBY GRANT PERMISSION FOR THE OPERATOR, OR DESIGNATE OF YORK ENRICHMET CHILDCARE CENTRE TO TAKE WHATEVER STEPS ARE NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD IF WARRANTED.

These steps may include, but are not limited to, the following:

- 1. Attempt to contact a parent or guardian.**
- 2. Attempt to contact the child's physician.**
- 3. Attempt to contact emergency contact persons.**

If we are unable to contact the parent/guardian, your child's physician or emergency contacts, York Enrichment Childcare Centre will do any or all of the following:

- 1. Call another physician.**
- 2. Call an ambulance.**
- 3. Have the child taken to the emergency department of the hospital, in the company of a staff member.**

Any expenses incurred under circumstances listed above will be borne by the child's family.

YORK ENRICHMENT CHILDCARE CENTRE WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLMENT.

Child's name _____

Parent Signature _____

Date _____

Witness _____