



APPLICATION FOR CHILD'S ENROLLMENT

Last Name:	
First Name	Middle Name:
Nickname:	
Birth Date:	Start Date:
NAMES OF SIBLINGS & BIRTH DATES:	
PARENTS OR GUARDIANS	
(1) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	Email :
(2) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	Email :
OTHER EMERGENCY CONTACT	
(1) Name:	Relationship to Child:
Home Phone:	Work Phone:
(2) Name:	Relationship to Child:
Home Phone:	Work Phone:



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ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone
.	.	.
.	.	.
.	.	.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor	Office Phone
Address	
City:	Postal Code
Medical Ins. #	Child's Personal ID#:
Allergies:	
Medical Problems:	



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Medication:

IMMUNIZATION:

The Health Unit now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.

CUSTODY:

Name of person PROHIBITED from picking up your child: _____
If a non-custodial parent is non included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order

WALKS:

_____ I give my permission for my child participate in walking trips within the center's neighborhood and playground

_____ I **do not** give my permission for my child participate in walking trips within the center's neighborhood and playground

POLICIES

I (we) attest that all of information on this application is accurate, and that I (we) have received the following information for my ((our) home records:

- 1. Information to Parents Document
_____ Yes _____ No
- 2. Policy on the release of Children
_____ Yes _____ No
- 3. Policy on Discipline
_____ Yes _____ No



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4. Policy on the expulsion of Children from Enrollment

_____ Yes _____ No

5. Policy on the Management of Illnesses /Communicable Diseases

_____ Yes _____ No

6. Policy on Social Media

_____ Yes _____ No

7. Signature for Parental Notification Methods

_____ Yes _____ No

Parent's signature

Date

EMERGENCY CONSENT:

It is the policy of Child's Play Family Daycare to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.



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I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF CHILD'S PLAY FAMILY DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Parent/Guardian Signature

Date:

Date: