

Manor Park Community Council

Manor Park Child Care Centre

Enrolment Form

**All areas must be filled in. If it does not apply to you, please write N/A*

For Office Use Only
Date of Admission: dd/mm/yyyy
Date of Discharge: dd/mm/yyyy

Type of Child Care Required: Full-time

Age Group Placement at Time of Enrolment:

Toddler Preschool

<input type="checkbox"/> Registration fee collected.
<input type="checkbox"/> City of Ottawa Subsidy

Hours of Care:

MON	TUES	WED	THURS	FRI	SAT	SUN
					N/A	N/A

Child Information

Full Legal Name: _____ Preferred Name: _____

Date of Birth (dd/mm/yyyy): _____ Age (years, months): _____

Home Address(es): _____

Language(s) Spoken at Home: _____

Other children in the family enrolled in the centre (list names, if applicable): _____

Parent Information

Full Legal Name: _____ Preferred Name: _____

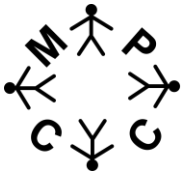
Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____ Email address(es): _____

Home Address: _____
 Same as Child

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____



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Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s) permitted to access/pick up your child: _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

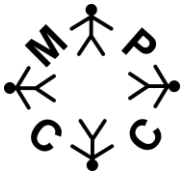
Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):



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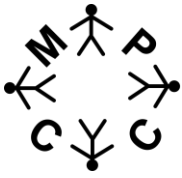
Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.



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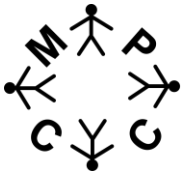
Immunization Records

Please provide a copy of your child’s immunization record (e.g., yellow card) to the centre prior to your child’s first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education’s website.

Vaccine (Age Usually Given) ¹	Date of Immunization	Date of Immunization	Date of Immunization	Date of Immunization
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

¹ Ontario’s Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>



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Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?
YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?
YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?
YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?
YES NO

If yes, please provide relevant details:

Sleep Arrangements

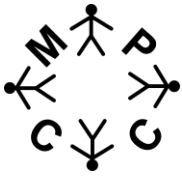
How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?
YES NO

If yes, please provide relevant details below:



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Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

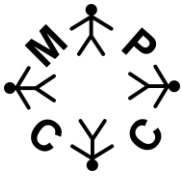
Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.



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Authorization for Non-Prescription, Over-the-counter Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child (please check off):

- Sunscreen
- Diaper cream
- Hand sanitizer
- Insect repellent
- Moisturizing skin lotion

Manor Park Child Care has agreed to provide:	Parent has agreed to provide:	Additional Parent Instructions
Hand Sanitizer		

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

Date (dd/mm/yyyy)

Signature of Parent
