

Application for Enrolment

Part 1:

Child's Full Name: _____ Date of Birth: _____

Phone number: _____ Address: _____

Mother/Guardian's Name: _____ Email: _____

Cell Phone: _____ Business Phone: _____

Business Name & Address: _____

Father/Guardian's Name: _____ Email: _____

Cell Phone Number: _____ Business Phone: _____

Business Name & Address: _____

Emergency Contact:

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Part 2: Other useful information

Please list the other children in the household First name (last name only different)

1. _____ Age: ____ 2. _____ Age ____

Language(s) spoken at home: _____

Has your child any previous experience with Nursery School/ Day Care? Yes__ No__

Dislikes or Allergies: _____

Favorite Toys: _____

Behavior Patterns and Habits--Describe your child's behavior and habits (e.g. temperament, energy level):

Toilet Trained? Yes _____ No _____

**** No reductions or refunds shall be made for illness, vacations, holidays or withdrawal from the Centre without four weeks' notice.**

I have received the Future Stars Parent Handbook.

_____ Signature of Parent(s) _____ (Date)

Part 3 Office use only:

Date of admission: _____ Date of Withdrawal: _____

Reason for Withdrawal: _____

Daycare service requested: Full Time _____ Part Time : _____

Release Form

I am willing for my child _____ to go on outside expeditions with adequate adult supervision.

Signature of Parent(s) or Guardian(s)

Date

Clayton Park Learning Centre will not be held responsible for minor injuries obtained in the usual child's play.

Signature of Parent(s) or Guardian(s)

Date

I am will for my child _____ to have medical attention or to be taken to the hospital in case of emergency if I/we cannot be reached.

I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or physician's office, including the possible use of an ambulance.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Signature of Parent(s) or Guardian(s)

Date

I am willing to allow my child _____ to be photographed participating in the programs offered by Clayton Park Learning Centre for the purpose of display within the classrooms, or publication in local newspapers and on the center website.

Signature of Parent(s) or Guardian(s)

Date

Child's Health Questionnaire

Name of child: _____ Date of Birth: _____

Provincial Health Care Number: _____ Expiry Date: _____

Emergency Contact:

Adult to contact if you cannot be reached

Name: _____ Relationship: _____

Telephone(work) _____ Telephone (home) _____

Doctor and/or clinic

Name: _____ Telephone: _____

Address: _____

IMMUNIZATION RECORD - Please provide dates D/M/Y	
DPTP-Diphtheria, Pertussis (Whipping Cough) Tetanus (Lockjaw), Polio & Hib	MMR - Measles (red), Mumps, Rubella (German Measles)
1 st (2mo) day ____ month ____ year	1 st (12-15 mo) day ____ month ____ year
2 nd (4 mo) day ____ month ____ year	2 nd (5 yr) day ____ month ____ year
3 rd (6 mo) day ____ month ____ year	OTHER (optional)
4 th (18 mo) day ____ month ____ year	Varicella: (Chicken Pox Vaccine) day ____ month ____ year
DPTP (booster) 4-6 yr day ____ month ____ year	Hepatitis "B" 3 Doses 1 st day ____ month ____ year 2 nd day ____ month ____ year 3 rd day ____ month ____ year

Does your child have any known drug allergies? Yes ___ No ___ If yes, what are they and what are your child's reactions?

Does your child have any known food allergies? Yes ___ No ___ If yes, what are they and what are your child's reactions?

Does your child have any other allergies? Yes__ No__ If yes, what are they and what are your child's reactions?

Other Medical Information

Does your child take any medication on a regular basis? Yes__ No__ If yes, please give the name of the medication and the medical condition for which it is taken.

Do you have any concerns about your child's development? Yes__ No__ If yes, please comment

Are there any restrictions on the kind and /or amount of physical activity in which your child may participate? Yes__ No__ If yes, please identify.

Are there any special diets necessary for your child's health? Yes__ No__ If yes, please describe.

Please comment on any other medical information the child care service should be aware of:

Parent/Guardian signature: _____ Date: _____