

Start Date	Withdraw Date	Program

Enrolment Form

Individual/Child's Information			
Last Name		First Name	
Preferred Name		Gender Identified <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other	
Date of Birth (DD-MMM-YYYY)		Main Intersection	
Address (Street #/ Name)		Apt/Unit	City
Home Phone		Health Care #	
Physician Information (place stamp/ sticker here)		Physician Information	
		Name	
		Phone	Fax
Physician Signature (referring)		Address	
Language			
Is English your child's first language? <input type="radio"/> Yes <input type="radio"/> No		Are there certain words your child uses to describe particular objects?	
Does he/she speak another language? <input type="radio"/> Yes <input type="radio"/> No			
Is your child easily understood by <input type="checkbox"/> Adults <input type="checkbox"/> Other			
Languages spoken at home			
Parent/Legal Guardian 1			
Last Name		First Name	
<input type="checkbox"/> Same address as above? OR Address (Street #/ Name)		Apt/Unit	City
Postal Code			
Email			
Primary Phone <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work		Alternate Phone <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Place of Employment		Business Address	
		Business Phone	
Parent/Legal Guardian 2			
Last Name		First Name	
<input type="checkbox"/> Same address as above? OR Address (Street #/ Name)		Apt/Unit	City
Postal Code			
Email			
Primary Phone <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work		Alternate Phone <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Place of Employment		Business Address	
		Business Phone	
Contact Information Exchange Authorization			
In the past, parents have found it useful to have a list of parent names, phone numbers and email address for parents of children in each program. If you would like to have your information included on our Who's Who list, please sign below. I give consent for the following information to be shared with other parents enrolled at APS Daycare and Nursery.			
Parent(s)/Guardian(s) Signature(s) _____ Date _____			

Background

Describe any major trauma in your child's life to date. (For example, moves, new siblings, divorce, major illness or a death in the family)

Are there any holidays/celebrations in which your child participates? Additional Information

Profile

Has your child always lived in Ontario? Yes No If no, please specify

Do both parents live with the child? Yes No Is either parent away from home frequently? Yes No

Custody orders in effect as of (DD-MM-YYYY) Copy on file? Yes No

Visitation, custody arrangements

Does your child have any siblings? Specify names and ages Do you own any pets

Who else lives at home? Specify name, relation, how often Who else cares for your child? Specify name, relation, how often

Approximate drop-off time Approximate pick-up time Who will be drop-off and picking-up your child primarily?

Diet

Does your child have any special dietary needs/ limitations? Yes No If yes, please provide a detailed description

Favourite foods Dislikes

Food Allergies

Diapering / Toileting

Is your child able to take care of their own toileting needs? Yes No Please describe diapering/toileting needs and routines

What words are used? If your child is a boy does he prefer to stand or sit on the toilet? Please specify Stand Sit

Consent for General Practices

Please provide consent for APS Daycare and Nursery staff to assist your child in the following practices:
 Apply hand sanitizer Apply sun block Rest on a cot/mat
 To change child's clothing including changing diapers To apply cream or lotion to child when changing diapers

Comments

Pick-up Information**Persons authorized to pick up from APS Daycare and Nursery**

Name	Address	Home Phone	Business Phone

Other than the Parent(s)/Guardian(s) of the child, only those people listed above will be allowed to pick up the child. Please note that all people authorized to pick up your child from APS Daycare and Nursery must be prepared to show identification to staff. Children will not be released to person(s) unknown to APS Daycare and Nursery staff without parent/guardian authorization and verification of identity.

Parent(s)/Guardian(s) Signature(s)

Date

Permission to Arrive/Leave Unsupervised

I give permission for my child to walk to school unsupervised and sign in to the child care at any time.

I give permission for my child to leave APS Daycare and Nursery unsupervised at any time. I acknowledge that my child must approach his/her APS teacher to let her/him know that s/he is leaving and sign him/herself out of the program for the day. I will not hold APS Daycare management or staff responsible for any accidents or incidents which may occur.

Parent/Guardian 1 Name & Signature _____ Date _____

Parent/Guardian 2 Name & Signature _____ Date _____

Medical Information

Communicable Diseases History (required by the MCSS)

- Diphtheria
 Chicken Pox
 Measles
 Mumps
 Tetanus
 Polio
 Tuberculosis
 Pertussis (Whooping Cough)
 Rubella (German Measles)
 Haemophilus Influenzae B

Medical Treatment Consent

Medical treatments may be given to the child at any time required due to accident, illness or other emergency. I hereby give my permission, in the case of an emergency, if I am not immediately available, the attending physician selected by the child care may hospitalize or order treatment for my child. Treatment may include the administration of drugs, anaesthetic, blood transfusion, injections or any treatment noted to be needed by the attending physician. I also authorize transportation to the emergency department of the nearest hospital, with no liability to the driver or staff at APS Daycare and Nursery.

Parent/Guardian 1 Signature

Parent/Guardian 2 Signature

Witness Signature

Date

Emergency Contacts**Persons to be contacted WHEN PARENT CANNOT BE REACHED****Emergency Person 1**

Name	Address
Home Phone Number	Business Phone Number
Cell Phone Number	Relationship to Child

Emergency Person 2	
Name	Address
Home Phone Number	Business Phone Number
Cell Phone Number	Relationship to Child

Information Sharing Consent

Ongoing communication among professionals involved in your child's day enhances your child's educational and child care experience. In order to best serve the children's needs, it is helpful for the School and the Child Care to have the opportunities to exchange information about the children participating in both programs. The kind of information may include, but is not limited to, matters involving attendance, illness, transportation, or behaviour. Shared written information will be kept confidential and will be shared only during the time in which the child is enrolled in the Child Care Centre, or upon the request of the parent.

In the event that it is necessary to refer to clinical records or Ontario Student Record (OSR) documents, parents will be asked to sign the appropriate consent form before such information is disclosed. Your consent will give permission for the exchange of information between the School and the Child Care Centre.

I/We give permission for the staff of APS Daycare and Nursery and the staff of North Preparatory P.S. for reciprocal exchange of information about my child

_____	_____
Parent/Guardian 1 Signature	Parent/Guardian 2 Signature
_____	_____
Witness Signature	Date

The Municipal Freedom of Information And Protection of Privacy Act, 1989, Subsection 32(b) states: "An institution shall not disclose personal information in its custody or under its control except, if the person to whom the information relates has identified that information in particular and consented to the disclosure."

Media Release Permission

Consent to Photograph/Videotape/Audiotape/Film/Interview Individuals/Web-site

I give Alternative Primary School permission to photograph, videotape, web-site, make an audiotape of film and/or interview either myself or the child. I understand and accept that the photographs (including negatives), videotapes, etc., shall constitute the exclusive property of Alternative Primary School and may be reproduced by Alternative Primary School Staff and anyone it has authorized, without compensation or payment to the individual(s) concerned or any other person.

Parent/Guardian 1 Name & Signature _____ Date _____

Parent/Guardian 2 Name & Signature _____ Date _____