



"BRIGHT FROM THE START"

445 THOMPSON DRIVE  
CAMBRIDGE ON N1K 2K7

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Enrolment Application

Child Information

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_ Date of Birth (day) \_\_\_\_\_  
(month) \_\_\_\_\_ (year) \_\_\_\_\_

**Medical Information**

Doctor/Physician \_\_\_\_\_ (Address) \_\_\_\_\_ Tel \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If Yes please list/describe \_\_\_\_\_

Has your child had any communicable diseases such as chicken pox, mumps, covid etc.? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Date (s) \_\_\_\_\_

Does your child take any medication regularly? \_\_\_\_\_

If yes, name of medication, reason and dosage \_\_\_\_\_

Has your child had his/her eyes tested? \_\_\_\_\_ Result \_\_\_\_\_

Has your child his/her hearing tested? \_\_\_\_\_ Result \_\_\_\_\_

If there are any activities your child is not able to participate please specify

\_\_\_\_\_

Additional comments regarding your child's overall health \_\_\_\_\_

\_\_\_\_\_

Does your child have any specific instructions regarding rest?

\_\_\_\_\_

\_\_\_\_\_

## Immunization

Please provide a copy of your child's current personal immunization record. Plus complete Region of Waterloo Immunization form

## Illness Policy

It is in the best interest of your child and the other children at Elite Day Care, to keep your child at home when he/she is ill. Everyday parents must screen their children and follow the Covid screening tool. <https://covid-19.ontario.ca/school-screening/>

Fever; can return after 24hrs fever free without medication. Diarrhea and vomiting can return 48hrs from last episode. All other symptoms must have improvement for at least 24 hours before returning.

Any child with discharge coming from the eyes may not return to the centre until eyes have been free of discharge to 24 hours or 3 doses of antibiotics. Same for strep throat (24hrs or 3 doses of antibiotics). For other conditions please inquire on guidelines.

If your child becomes ill at day care and you are notified, you are requested to please pick-up your child as soon as you possible as they will be waiting in isolation. In general, if your child is not well enough to participate in program including go outside they should not be attending.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EMERGENCY MEDICAL CONSENT

In case of an emergency resulting from an accident or illness, if prompt medical attention is deemed necessary and the parents cannot be contacted immediately, permission is hereby given to take the below mentioned child to the nearest medical facility and to proceed with medical treatment. Elite Staff will accompany child to medical facility and follow the Professional Medical Advice in terms of treatment. I understand that any medical expenses incurred for such treatment are my responsibility.

Name of Child \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## VIDEO AND PHOTOGRAPHY PERMISSION

I hereby, give permission for my child \_\_\_\_\_ to be photographed and/or videotaped

For Centre Use, Hi Mama APP YES \_\_\_\_\_ NO \_\_\_\_\_

Elite Facebook YES \_\_\_\_\_ NO \_\_\_\_\_

Student Use YES \_\_\_\_\_ NO \_\_\_\_\_

Other Parents (special events; graduation, holiday party) YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Form**

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Child lives with \_\_\_\_\_

**Custody Arrangements**

Please indicate custody arrangement if separated or divorced and with whom information or correspondence should be provided. \_\_\_\_\_

Elite Daycare can not stop a parent from accessing their child unless a Copy of Custody Documents are provided.

**Parent/Guardian Information (please complete in full)**

Parent/Guardian # 1 \_\_\_\_\_

Home Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

EMAIL \_\_\_\_\_

Work/School Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Work/School Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_

Parent/Guardian # 1 \_\_\_\_\_

Home Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

EMAIL \_\_\_\_\_

Work/School Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Work/School Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_

**OTHER EMERGENCY CONTACTS & INDIVIDUALS AUTHORIZED FOR PICK UP/DROP OFF**

Name \_\_\_\_\_

Phone No \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone No \_\_\_\_\_ Relationship \_\_\_\_\_

**Any medical concerns/Allergies/Dietary Restrictions** \_\_\_\_\_

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_ Telephone \_\_\_\_\_

The information that has been provided to Elite Day care is correct and accurate. Any of the above information will be updated to the office immediately should there be changes.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Request**

Please circle which program you would like to enrol your child in.

	Cambridge	Kitchener
Infant Program	Full Time	Part Time (limited PT space)
Toddler Program	Full Time	Part Time
Preschool Program	Full Time	Part Time

M T W T F

**Terms of Contract**

I have enclosed the following with my enrollment application:

- \*\$125. One-Time Non Refundable Registration Fee, \$75 for sibling, \$50 for 2<sup>nd</sup> sibling.
- \*Void Cheque or Bank Withdrawl Form
- \*copy of my child’s immunization record
- \*Completed enrollment package/application
- \*KW consent

I understand that any fees that result in NSF (non sufficient funds) will be subject to \$100 charge

I understand that should I arrive to pick up my child after 6:00 p.m. a \$1.00 per minute fee will apply and is payable to the staff on duty. A \$5.00 per minute fee will apply after 6:30 p.m. Repeat offences may result in termination of services.

I will provide one month’s notice for withdrawal of services or changes to schedule.

I have read the fee memo and parent handbook which is available on the Elite Daycare website.

I have read/understand the terms listed above. I understand that failure to remit the above fees to Elite Day Care will result in the dismissal of child(ren) from the program until all fees are paid.

Child Start Date: \_\_\_\_\_

Plan for Transition Visits (if applicable) \_\_\_\_\_

Parent/Guardian #1 Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian #1 Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**Office Use:**

Financial Info Received: \_\_\_\_\_

Registration Fee Received: \_\_\_\_\_

Child End Date: \_\_\_\_\_

Directors Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT TO APPLY SUNSCREEN/OINTMENT

During the warm spring and summer months, the children will be spending considerable time outdoors. Elite Day Care, ensures that all children are protected from the harmful effects of the sun by applying sunscreen. We kindly ask that parents provide their child's teacher with a bottle of sunscreen labelled with your child's name to be kept at the centre. We ask that parents apply sunscreen in the morning prior to dropping off their child at the centre. The teachers will re-apply the sunscreen in the afternoon and as needed.

Due to allergies, we are unable to provide or share sunscreens therefore we kindly ask that all parents provide their own sunscreen.

Upon need and request parents are welcomed to provide other ointments/sprays for their child, including diapercream, bug spray, lip balm. They must be in original container; the educators will label and apply as instructed. If the ointment is prescribed or is for acute use a medication form will be necessary.

I \_\_\_\_\_ give the Educators at Elite Day Care permission to apply

Parents Name

Sunscreen/Ointments to my child \_\_\_\_\_

Child's Name

Parent/Guardian Signature: \_\_\_\_\_

Date :