



"BRIGHT FROM THE START"

445 THOMPSON DRIVE
CAMBRIDGE ON N1K 2K7

Enrollment 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 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?

Dietary Restrictions (please list any foods your child should not eat for medical, dietary, or religious reasons)

(Substitutes will be provided for all any allergies of food restrictions)

Immunization

(Please provide TWO photocopies of your child’s current personal immunization record.

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. After a fever, your child’s temperature must be normal (37 Celsius) for 24 hours before returning to day care. Any child with discharge coming from the eyes may not return to the centre until eyes have been free of discharge to 24 hours. Any Child with diarrhea may not return to the centre until he/she has a normal stool with a 24-hour period. Any child that has vomited may not attend day care until he/she has not vomited for a 24-hour period. 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 are able. You will not be called unless your child is not well enough to remain at the centre.

Signature of Parent/Guardian

Date

Director’s Signature

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 and Website YES _____ NO _____

Student Use YES _____ NO _____

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

Signature of Parent/Guardian _____

Date _____

Emergency Form

Child's Information

Child's Full Name _____ DOB _____

Home Phone _____

Child's Address _____

City _____ Postal Code _____

Parent/Guardian Information (please complete in full)

Parent/Guardian # 1 _____ Occupation _____

Home Address _____ Home Phone _____

Work/School Name: _____

Work/School Address _____ Work/School Number _____

Cell Number _____ EMAIL _____

Parent/Guardian #2 _____ Occupation _____

Home Address _____ Home Phone _____

Work/School Name: _____

Work/School Address _____ Work/School Number _____

Cell Number _____ EMAIL _____

EMERGENCY CONTACTS & INDIVIDUALS AUTHORIZED FOR PICK UP/DROP OFF

Name _____ Address _____

Phone No _____ Relationship _____

Name _____ Address _____

Phone No _____ Relationship _____

Name _____ Address _____

Phone No _____ Relationship _____

Any medical concerns/Allergies _____

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 Requested

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

Infant Program

Full Time

Part Time (we have limited PT space)

M T W Th F

Toddler Program

Full Time

Part Time

M T W Th F

Preschool Program

Full Time

Part Time

M T W Th F

Address for Correspondence

Please indicate where the following information may be sent to

Tax Receipts or billing, same as attached or _____

Email address for centre correspondence _____

Custody Arrangements

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

Terms of Contract

I have enclosed the following with my enrollment application:

- *\$125. One-Time Non Refundable Registration Fee
- *Twelve Post Dated Cheques (dated the first of each month) or Pre Authorized Form
- *2 copies of my child's immunization record
- *Completed enrollment package/application

Signature _____ Signature _____

Date _____

I understand that any fees that result in NSF (non sufficient funds) will be subject to a \$25.00 late fee as well as a \$35.00 NSF fee for a total of \$60.00

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.

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) _____

Child End Date: _____

Parent/Guardian #1 Print Name _____ Signature _____

Parent/Guardian #1 Print Name _____ Signature _____

Directors Name _____ Directors Signature _____

Date _____

Financial Info Received: _____

Registration Fee Received: _____

CONSENT TO APPLY SUNSCREEN

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.

I _____ give the teachers/staff at Elite Day Care permission to apply

Parents Name

Sunscreen to my child _____

Child's Name

Parent/Guardian Signature: _____

Date : _____