

Customer Number: R \_ \_ \_ \_ \_



# Registration Application

218 Richmond Street West, Toronto, Ontario, M5V 1V6 416-479-0004

## Child's Information

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_  
Name to be Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Enrollment Start Date: \_\_\_\_\_ Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

## Parent/Guardian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_  
Telephone Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Parent/Guardian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_  
Telephone Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Authorized Persons and Emergency Contact Information

			Emergency Contact?
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/>
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/>
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/>
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/>
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/>

\* Children will not be released to anyone without written or verbal consent from parents/guardians.

## Family Physician or Pediatrician

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Allergy Details: \_\_\_\_\_

## Custody

If there is a custody agreement, please provide details and attach a copy  not applicable  
 mother  father  both  other \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

# Medical Information Form



218 Richmond Street West, Toronto, Ontario, M5V 1V6 416-479-0004

## Child's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Illnesses

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> German Measels  | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Measels     | <input type="checkbox"/> Reaction to Bites and Stings |
| <input type="checkbox"/> Giardia Lamblia | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Eczema      | <input type="checkbox"/> Scarlet Fever                |
| <input type="checkbox"/> Poliomyelitis   | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Allergy     | <input type="checkbox"/> Rheumatic Fever              |
| <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Diptheria      | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Other - Details: _____       |

## Additional Information

Medical Conditions or Known Allergies: \_\_\_\_\_

Does your child have an Anaphylactic Allergy?  No  Yes (if yes, fill out the *Anaphylaxis Emergency Plan* form)

Medication to be administered regularly: \_\_\_\_\_

## Special Dietary Restrictions

- |                                    |                                    |                                      |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> beef      | <input type="checkbox"/> eggs      | <input type="checkbox"/> all dairy   |
| <input type="checkbox"/> chicken   | <input type="checkbox"/> milk      | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> fish      | <input type="checkbox"/> cheese    | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> shellfish | <input type="checkbox"/> shellfish | <input type="checkbox"/> other _____ |

Physical Disabilities: \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

Please list any other relevant information: \_\_\_\_\_

# Parental Consent Form



218 Richmond Street West, Toronto, Ontario, M5V 1V6 416-479-0004

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## Child's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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## Daily Walks (Infant Programs Only)

I hereby give consent for my child to leave Kinder College Early Learning Centre for daily walks which are planned in advance and within the community. It is understood that the child care staff will take every reasonable precaution to ensure the safety of the children.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Parental Consent for Medical Treatment

In the event of an emergency every reasonable effort will be made to contact parents or the child's physician. In an incident where this may not be possible I give my consent for Kinder College Early Learning Centre to select a physician for my child's care. I also consent to any medical treatment a physician feels is needed for the care of my child. I release Kinder College and staff from all liability that arise from referring my child to a medical practitioner.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Photography Consent

For the purpose of assessing development and to effectively document learning and progress, we ask all parents to give our centre permission to photograph, videotape or voice record your child at the centre.

All photos and recordings will be kept strictly confidential and will only be used for educational security purposes.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Rooftop Playground

I hereby give consent for my child to participate for outdoor play which is located on the 3rd floor of the building. It is understood that the child care staff will take every reasonable precaution to ensure the safety of the children. I understand that the emergency evacuation procedure from the rooftop is posted in the parent handbook.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Authorization Agreement For Direct Payments



218 Richmond Street West, Toronto, Ontario, M5V 1V6 416-479-0004

## Child's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_

### Please complete the Pre-Authorized Debit (PAD) Plan agreement below

I/we authorize Kinder College Early Learning Centre, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular re-curring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account(s). Regular monthly payments for the full amount of services will be debited to my/our specified account on the last day of each month for the following months services. Kinder College ELC will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Kinder College ELC has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca)

## Payor's Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

## Bank Account Information

Deposit Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_  Personal  Business  Chequing Account  Savings Account

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

A security deposit of \$\_\_\_\_\_ has been made on  $\frac{\text{mm}}{\text{dd}} / \text{yyyy}$  (Initials)

Refunded security deposit on  $\frac{\text{mm}}{\text{dd}} / \text{yyyy}$  Cheque#: \_\_\_\_\_ (Initials)

A key deposit of \$70.00 has been made on  $\frac{\text{mm}}{\text{dd}} / \text{yyyy}$  for 2 FOB keys (Initials)

Key 1 serial number: \_\_\_\_\_

Key 2 serial number: \_\_\_\_\_

Refunded FOB key deposit on  $\frac{\text{mm}}{\text{dd}} / \text{yyyy}$  Cheque#: \_\_\_\_\_ (Initials)

# Child Care Parent Agreement



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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Enrollment Start Date: \_\_\_\_\_

The conditions of this agreement provide protection for parents, as well as our program. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of our program is stable. In essence, this agreement is a parental guarantee that you will financially support the enrolment space guaranteed for your child.

1. I agree to pay a \$500 security deposit and \$70 FOB key deposit upon my registration. I agree to pay regular fees by the weekday before the start of the month, the fee established for the services requested, with no deductions for sick days and absences including holidays and emergency closures due to health and safety. I understand that this deposit will not be refundable if:
  - a) I choose not to follow through on enrollment after registration;
  - b) the start date has been altered;
  - c) I do not give six weeks notice of withdrawal (only applicable after the child has started);
  - d) There is an outstanding balance of fees.
2. I am aware that Kinder College Early Learning Centre will be closed on the following days: New Years Day, Family Day, Good Friday, Victoria Day, Canada Day, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day. On December 24 (Christmas Eve) the centre will be closed at 2:00pm. On December 31 (New Years Eve) the centre will be closed at 3:00pm.
3. I understand that for any N.S.F. cheque, a bank charge will be automatically charged onto my monthly fees.
4. I agree to give at least six weeks notice prior to withdrawal of my child from the program.
5. The centre will provide a minimum of one month's advance notice of fee increases.
6. I agree to submit complete medical, registration and emergency contact forms before my child begins attendance into the program.
7. I understand that I am responsible for ensuring that all paperwork including enrolment form, medical forms and emergency contacts are kept up-to-date by informing Kinder College of any changes that may occur.
8. I agree that all only pre-authorized persons designated on the emergency contact sheet may pick up my child.
9. I understand that if my child remains at the centre past the 6:00pm, I will be charged a fee in accordance with the centre's late fee policy. I understand that if we are not able to be reached, the Police and CAS may be notified.
10. I agree to adhere to the policies of the day care centre.
11. The centre will provide notification of any changes to program policies and procedures.
12. Should the Supervisor of the program determine after consultation with the Director that either the program cannot meet the needs of my child or I have not fully carried out this contract or the parent's responsibilities under the policies and procedures of the program, my child will be withdrawn after four weeks notice and this agreement will be terminated.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date : \_\_\_\_\_

# Immunization Form

218 Richmond Street West, Toronto, Ontario, M5V 1V6 416-479-0004



## Immunization Form For Registrants of Child Care Centres

Dear Parent or Guardian,

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 all children who attend a Child Care Centre must be vaccinated according to Ontario's Publicly Funded Immunization Schedule, as recommended by the local Medical Officer of Health. Annual flu vaccination is also strongly suggested.

The Child Care Operator is required to keep each child's updated immunization information on file.

### Don't have updated immunization records?

- See your doctor for updated immunization records or missed vaccines
- Each time your child receives a vaccine, give a copy of that information to your Child Care Centre
- No Health Card? Call 416-392-1250 for locations where your child can receive free vaccination
- Always keep a copy of your child's immunization record for your reference

### Exemptions:

If an exemption is required, please speak to your Child Care Centre staff.

For more information, call Toronto Public Health; Immunization Information Centre at 416-392-1250

Name of Child Care Centre \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Telephone Number: \_\_\_\_\_

### Please attach a photocopy of your child's immunization record and return it to the Child Care Centre.

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.h.7. It is used to administer the Toronto Public Health Vaccine Preventable Diseases Program, including maintaining immunization records for Child Care Centres. The confidentiality of this information is protected. For more information, visit our Privacy Statement at [tph.to/personalhealthinfo](http://tph.to/personalhealthinfo) or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2nd floor or by telephone at 416-392-1250.

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416.338.7600 [toronto.ca/health](http://toronto.ca/health) | TORONTO Public Health



# Ointment Consent Form



218 Richmond Street West, Toronto, Ontario, M5V 1V6 416-479-0004

## Child's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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## Parent-Provided Non-Medical Product Permission

With the exception of first aid, staff shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent.

I give permission for the staff of Kinder College Early Learning Centre to apply one or more of the following parent-provided, topical ointments/products to my child when needed in accordance with the directions of the on the label of the container or packaging. All products must be provided in the original container/package labeled with the child's name.

- sunscreen
- diaper cream
- baby lotion
- lip baum
- insect repellent
- non-prescription ointment
- baby powder
- baby wipes
- other \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Centre-Provided Hand Sanitizer Permission

I give permission for the staff of Kinder College Early Learning Centre to apply centre-provided, hand sanitizer to my child when needed.

- Yes
- No

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_