

APPLICATION FOR ENROLLMENT

Personal Information

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

Home Address: Street _____
City _____ Province _____ Postal Code _____

Languages: English _____ French _____ Other _____

Mother's Name: _____ Mother's Date of Birth: _____

Address: Street _____ City _____

Province _____ Postal Code _____

Telephone (home): _____ (work): _____ (cell): _____

Email Address: _____

Father's Name: _____ Father's Date of Birth: _____

Address: Street _____ City _____

Province _____ Postal Code _____

Telephone (home): _____ (work): _____ (cell): _____

In the event of an emergency or illness and neither parent can be reached please contact one of the following persons to deal with the situation.

Name: _____ Relationship: _____

Address: _____

Telephone (home): _____ (work): _____

Name: _____ Relationship: _____

Address: _____

Telephone (home): _____ (work): _____

Brothers and Sister's

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

General Information

Has your child ever attended Day Care, Pre-school, or a Home Care Facility? Yes ___ No ___

If yes please give name of Centre, Pre-school or Home Care Provider _____

What are your expectations for your child while he/she attends Bright Beginnings Child Care Centre?

If your child is upset what would help to comfort him/her?

Does your child need to have a comfort item to help at sleep/rest time? Yes ___ No ___

If yes what is the item? _____

Does your child have a favourite song, story or video? Please list: _____

Multiculturalism is part of our curriculum. Many special days, holidays, traditions and festivals from around the world are celebrated with the children of this Centre. Are there any celebrations in which your child may not participate? Yes _____ No _____

If yes please list the ones from which your child is to be excluded:

Eating Habits:

Is your child a hearty or picky eater? _____

What food does your child like? _____

What food does your child dislike? _____

Does your child have any food allergies? Yes _____ No _____ if yes please list the food allergies, reactions and treatments: _____

Childhood Medical History

Measles	Yes	No	German Measles	Yes	No
Chicken Pox	Yes	No	Mumps	Yes	No
Whooping Cough	Yes	No	Bronchitis	Yes	No
Rheumatic Fever	Yes	No	Pneumonia	Yes	No
Ear Infection	Yes	No	Pink Eye	Yes	No
Fifth Disease	Yes	No	Sore Throats	Yes	No
Tonsillitis	Yes	No	Sinus Infections	Yes	No
Frequent Colds	Yes	No	Tubes in Ears	Yes	No

Has your child received services from any of the following Health Professionals:

__ Early Intervention Specialist __ Occupational Therapist __ Dietician
__ Speech Pathologist __ Physiotherapist __ Social Worker
__ Hearing Pathologist __ Psychologist __ Other

Skin Conditions: Please describe _____

Eye Conditions: Please describe _____

Fever Seizures: Please describe the temperature at which a seizure begins, how long it will last and the treatment required

Asthma: Please describe what causes an attack and the treatment required _____

Non-food Allergies: Please list the allergy(ies), reactions and treatment(s) required:

Epilepsy: Please describe epileptic seizure and the required treatment _____

Physical Disabilities: Please identify disability and describe abilities and limitations

Hearing/Speech/Language Difficulties: Please identify difficulties and describe abilities and limitations _____

Development Delays: Please identify the delays and list any specialist working with the child.

Operation(s): Please list operation(s) _____

Fear(s): Please identify the fear(s). Describe how the child reacts when faced with fear(s) and how best to comfort

Traumatic Experiences: Please describe _____

Unusual Injuries: Please describe _____

Other: Please identify and give details _____

Health Questionnaire

Child's Health Card Number: _____

Family Physician: _____ Telephone: _____

Immunization Record: Dates required

D.P.T.P. 2month _____ D.P.T.P. 4 month _____
D.P.T.P. 6 month _____ M.M.R. 12 month _____
D.P.T.P. 18month _____ 5 year booster _____

AUTHORIZATIONS

The following people are authorized to pick up your child. Please notify the Centre someone other than yourself or your authorized person is to pick up your child. If the Centre has not received notification and we are unable to reach you or your emergency contact people, your child will not be released from our care.

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

I give permission for my child to participate in field trips that are within town limits. Written permission will be required for any trips requiring vehicle transportation both within town limits and out. I understand that if my child's group has left for an outing before our arrival that it is my responsibility to transport my child to meet his/her group.

I give permission for Bright Beginnings to take photos of my child to be shared on our face book page, portfolios, arts and crafts and various other things. This means group photos could be placed in another child's portfolio.

Please check Yes _____ No _____

My child may be examined by the Public Health Nurse, Early Intervention and Protection Workers from Family and Children's Services when it is deemed necessary. In preparation for entering the public school system this Centre has my permission to share information, both verbally and in writing, regarding my child with members of the school system.

In the event of an emergency when time for receiving medical attention is critical I understand that my child will be taken immediately to the hospital by ambulance. I am responsible for the cost of this service.

This authorization will stand unless I change it in writing to the Centre.

Signature of Parent(s): _____

Date: _____

Signature of Executive Director: _____

Parents Policy Handbook was reviewed with and given to: _____

On: _____

I have reviewed Bright Beginnings Behaviour Policy at the time of my child's enrolment and am aware that there is a copy in the centre's lobby if I should want to view it at any time.

Signature of parent(s) _____

Date : _____

I have read and understand the measures that will be put in place if my child should become ill while attending daycare.

Signature: _____ Date: _____

Admission Date: _____ Withdrawal Date: _____

Reason for withdrawal-
