AURORA CHILDREN'S CENTRE/CARDINAL CARTER CHILD CARE CENTRE APPLICATION FOR ENROLLMENT

Name of Child	Enrolled Withdrawn
First	Last
D.O.B Age	Gender
Address	
Street	Town Postal Code
Phone Number	
Parents or Legal Guardians Information (in brackets ie:	* if same address as child write SAME
Parent ()	Parent ()
Address	Address
Home #	Home #
Occupation	Occupation
Business	Business
Address Town	Address Town
Work #	Work #
Cell #	Cell #
Email	Email
Marital Status Married Single	Divorced Other
In case of Emergency if Parents cannot be contacted	
Name	Name
Address	Address
Town/City	Town/City
Phone #	Phone #
Relationship	Relationship
Pediatrician or Family Doctor	
Name	Phone
Address Town/City	Health Card
Allergies, Special Circumstances	Photo's Yes No
Food	
Medicine	
Behaviour	
Other Languages Spoken	

Persons authorized to pick up your child		
Name	Name	
Address Town/City	Address Town/City	
Phone #	Phone #	
Relationship	Relationship	
List of other children/persons living in the home		
Parental consent for emergency medical care		
While every effort will be made to reach parents in the evauthorize any Doctor to give necessary treatment in the e		
I hereby grant permission for Aurora Children's Centre / C to obtain emergency medical carethese steps may incl		•
 Attempt to contact a parent/guardian Attempt to contact emergency contact person 	2. Attempt to contact	the child's physician
If we cannot contact any of the above, we will		
Call an ambulance and if necessary have the child taken of a staff member.	to the emergency departem	ent of the hospital, in the company
Any expense incurred under circumstances listed above of the CHILD CARE CENTRE WILL NOT BE RESPONSIBLE RESULT OF FALSE INFORMATION GIVEN AT THE TIME	BLE FOR ANY INCIDENT T	•
Parents Name (Print)	Parents Signature	
Parental Consent for Field Trips: I hereby consent to have from time to time, to participate in excursions to places of understood that supervision will be provided by members safety of my child. In the case of Cardinal Carter, excurs I understand that I will be informed prior to each field trip my child to participate.	f interest planned as part of the staff and that every policins to and through the adjourn excursion to enable me to	the children's program. It is recaution will be taken for the ining high school. o decide at that time it I wish
I agree to make alternative child care arrangements should be a sh	·	Initial
Parental Consent for Publicity and Photographs: Parent of their child in any publicity arranged for Aurora Children media, newspapers, radio and other publicity or education to be kept informed of the centre's program and good children publicity or education to be kept informed of the centre's program and good children publicity or education to be kept informed of the centre's program and good children publicity and Photographs: Parent of their children publicity arranged for Aurora Children publicity arranged for Auror	's Centre/Cardinal Carter Ch nal purposes. It is felt that it	nild Care Centres through the various
I give the staff of Aurora Children's Centre/Cardinal Carte help protect her/him from ultraviolet rays of the sun.	er Child Care Centre permiss	sion to apply sunscreen to my child to
I hereby make application to enroll my child in Aurora Chi and agree to abide by all policies, procedures and regular that I understand my responsibilities to the Centre(s) and parents/guardians as contained in the Parent/Guardian H	tions of the Corporation that I will endeavour to fulfill	My signature below represents,
Parents Name (Print)	Parents Signature	
Supervisor Signature	Date	

Health History

Previous Illnesses such	h as: Please ir	ndicate date in th	e box provided					
Chicken Pox		Measles		German Measles				
Whopping Cough		Asthma		Scarlet Fever				
Mumps		Eczema						
Reaction to Bug bites or stings? Please describe								
Does your child have any physical disabilities? Please describe								
Does your child have any behavioural considerations - diagnosed or suspected (ie ADHD)								
Is your child currently taking any medication?								
Is your child currently u	under medical treatme	ent?						
Has your child had: I	Dental Check-up	Date	Hearing Checked	Eyes Teste	Date			
Please list any information regarding your child's past medical history that may enable us to work more effectively with him/her:								

MISSION STATEMENT

"We are committed to serving the local community with Quality Child Care in a home-away-from-home environment"

" A FUN PLACE TO BE"

"EDUCATING THROUGH PLAY"

Welcome to Aurora Children's Centre/Cardinal Carter Centre - please feel free to contact the Executive Director or Supervisor should you require clarification or have any concerns about our policies and procedures. We welcome your feedback at any time.

IMMUNIZATION RECORD

To be completed by parent **prior** to entry into child care centre.

Nam	ne of child care co	entre										
Chile	d's name									uro.		
Ontario Health Card number:					_Birth da	ete:	/ ///	se	x:			
_								y/mm/dd				
Pare	ent or guardian _											
Addı	ress				_							
Telephone: home:							business	:				_
a da opei	er the <i>Day Nurse</i> y nursery operat rator, and from t lical officer of he	ed by th ime to t	ne opera	tor or	to a loc	ation w	here priv	/ate-home	e day car	e is pro	vided by	
	se complete the								on record	d if poss	sible) and	ł
	Date vaccine given	Diphtheria	Tetanus	Pertussis	Polio	Hib	Pneumo conjugate	Measles, Mumps Rubella	Men C conjugate	Varicella	Hepatitis B	

Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 if:

- This child needs an exemption from immunization against any disease listed for medical, religious or conscientious reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

This information is being collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of case management and case investigations, client follow up and monitoring, contact tracing, public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care. Information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Privacy Officer, located at 17250 Yonge Street, Newmarket, Ontario, L3Y-6Z1, and (905) 830-4444 ext. 1320